| Fill in this information to identify your case: |                                 |                                      |
|---|---------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                      |
| DISTRICT OF PUERTO RICO                         | _                               |                                      |
| Case number (if known)                          | _ Chapter you are filing under: |                                      |
|   | ☐ Chapter 7                     |                                      |
|   | ☐ Chapter 11                    |                                      |
|   | ☐ Chapter 12                    |                                      |
|   | Chapter 13                      | ☐ Check if this is an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |   |
|-----|--|--|---|---|
|     |  | About Debtor 1:                          | ı | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |   |
|     | Write the name that is on your government-issued picture identification (for   | <b>EDWIN</b> First name                  | - | First name                                    |
|     | example, your driver's license or passport).   | J<br>Middle name                         | - | Middle name                                   |
|     | Bring your picture identification to your  | RODRIGUEZ RIVERA                         |   |   |
|     | meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) |   | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and                                  | EDWIN JUNIOR RODRIGUEZ RIVERA            |   |   |
|     | doing business as names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. |  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-7060                              |   |   |

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Your Employer<br>Identification Number<br>(EIN), if any.  | EIN   | EIN  |
| 5. | Where you live  | URB. TERRAZAS DE CUPEY H-6 CALLE 4 TRUJILLO ALTO, PR 00976  | If Debtor 2 lives at a different address:  |
|    |   | Number, Street, City, State & ZIP Code  TRUJILLO ALTO  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  URB. VENUS GARDENS AC-19 CALLE TAMAULIPA SAN JUAN, PR 00926  Number, P.O. Box, Street, City, State & ZIP Code | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)        |

| Del | otor 1 <b>EDWIN J RODRIG</b>   | UEZ RIVE          | ERA  |   |   | Case number (if known)  |
|-----|--|-------------------|--|---|---|---|
|     | <u></u>  |                   |  |   |   |   |
| Par | Tell the Court About   | Your Bank         | ruptcy Ca                                  | ise   |   |   |
| 7.  | The chapter of the Bankruptcy Code you are   |                   |  |   | nch, see <i>Notice Required by</i> e 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.   |
|     | choosing to file under   | ☐ Chapt           | ter 7                                      |   |   |   |
|     |  | ☐ Chapt           | ter 11                                     |   |   |   |
|     |  | ☐ Chapt           | ter 12                                     |   |   |   |
|     |  | ■ Chapt           | ter 13                                     |   |   |   |
| 8.  | How you will pay the fee   | abo<br>ord<br>a p | out how your<br>ler. If your<br>re-printed | ou may pay. Typically attorney is submittin address.        | r, if you are paying the fee yo<br>g your payment on your beh   | k with the clerk's office in your local court for more details<br>burself, you may pay with cash, cashier's check, or money<br>alf, your attorney may pay with a credit card or check with  |
|     |  |                   |  | <b>y the fee in installm</b><br>ee in Installments (Of      |   | on, sign and attach the Application for Individuals to Pay  |
|     |  | but<br>app        | is not required                            | uired to, waive your turning to the uir family size and you | ee, and may do so only if you are unable to pay the fee in      | n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition. |
| 9.  | Have you filed for   | ■ No.             |  |   |   |   |
|     | bankruptcy within the last 8 years?  | ☐ Yes.            |  |   |   |   |
|     |  |                   | District                                   |   | When  | Case number   |
|     |  |                   | District                                   |   | When  | Case number   |
|     |  |                   | District                                   |   | When  | Case number   |
| 10. | Are any bankruptcy   | ■ No              |  |   |   |   |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.            |  |   |   |   |
|     |  |                   | Debtor                                     |   |   | Relationship to you   |
|     |  |                   | District                                   |   | When  | Case number, if known   |
|     |  |                   | Debtor                                     |   |   | Relationship to you   |
|     |  |                   | District                                   |   | When  | Case number, if known   |
| 11. |  | ■ No.             | Go to I                                    | ine 12.   |   |   |
|     | residence?   | ☐ Yes.            | Has yo                                     | our landlord obtained                                       | an eviction judgment agains                                     | t you?  |
|     |  |                   |  | No. Go to line 12.  |   |   |

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

| Deb  | tor 1 <b>EDWIN J RODRIG</b>   | UEZ RIV                                     | ERA   |  | Case number (if known)   |              |
|------|---|---|---|--|--|--------------|
|      |   |   |   |  |  |              |
| Pari | Report About Any Bu   | sinesses                                    | You Own   | as a Sole Propriet   | or   |              |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                                       | Go to   | Part 4.  |  |              |
|      |   | ☐ Yes.                                      | Name  | and location of busi   | iness  |              |
|      | A sole proprietorship is a  |   |   |  |  |              |
|      | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC.   |   |   | of business, if any  |  |              |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |   | Numb  | er, Street, City, State  | e & ZIP Code   |              |
|      | it to this petition.  |   | Check   | the appropriate box  | x to describe your business:   |              |
|      |   |   |   | Health Care Busin  | ess (as defined in 11 U.S.C. § 101(27A))   |              |
|      |   |   |   | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))  |              |
|      |   |   |   | Stockbroker (as de   | efined in 11 U.S.C. § 101(53A))  |              |
|      |   |   |   | Commodity Broker   | r (as defined in 11 U.S.C. § 101(6))   |              |
|      |   |   |   | None of the above  |  |              |
| 13.  | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | proceed you are c cash-flov § 1116(1) ■ No. | under Sul<br>choosing to<br>v statemen<br>)(B).<br>I am r<br>I am fi<br>Code. | ochapter V so that it oproceed under Sulnt, and federal income the filling under Chapter 1 dilling under Chapter 1 | 11, but I am NOT a small business debtor according to the definition in the Bankrup  | ns,<br>.S.C. |
|      |   | ☐ Yes.                                      |   |  | 11, I am a small business debtor according to the definition in the Bankruptcy Code<br>d under Subchapter V of Chapter 11. | , and        |
|      |   | ☐ Yes.                                      |   |  | 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, ar<br>Subchapter V of Chapter 11.       | nd I         |
| Part | 4: Report if You Own or   | Have Any                                    | / Hazardo   | us Property or Any   | Property That Needs Immediate Attention  |              |
| 14.  | Do you own or have any  | ■ No.                                       |   |  |  |              |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.                                      | What is   | the hazard?  |  |              |
|      | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |   |   | liate attention is why is it needed?   |  |              |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |   | Where is  | s the property?  | Number Street City State 9 7in Code  |              |
|      |   |   |   |  | Number, Street, City, State & Zip Code   |              |

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 EDWIN J RODRIG  | <b>UEZ RIV</b>     | ERA                                    | Case numbe   | er (if known)   |
|-----|--|--------------------|--|--|---|
| Par | t 6: Answer These Quest  | ions for R         | eporting Purposes                      |  |   |
| 16. | What kind of debts do you have?                                | 16a.               |  | nsumer debts? Consumer debts are definant, family, or household purpose."                  | ned in 11 U.S.C. § 101(8) as "incurred by an  |
|     |  |                    | ☐ No. Go to line 16b.                  |  |   |
|     |  |                    | Yes. Go to line 17.                    |  |   |
|     |  | 16b.               |  | siness debts? Business debts are debts the through the operation of the bus                |   |
|     |  |                    | ☐ No. Go to line 16c.                  | · ,  |   |
|     |  |                    | ☐ Yes. Go to line 17.                  |  |   |
|     |  | 16c.               | State the type of debts you ow         | ve that are not consumer debts or busines  | ss debts  |
| 17. | Are you filing under<br>Chapter 7?                             | ■ No.              | I am not filing under Chapter 7        | 7. Go to line 18.  |   |
|     | Do you estimate that after any exempt property is excluded and | ☐ Yes.             |  | o you estimate that after any exempt propilable to distribute to unsecured creditors?      | erty is excluded and administrative expenses?   |
|     | administrative expenses  |                    | □No                                    |  |   |
|     | are paid that funds will be available for                      |                    | □Yes                                   |  |   |
|     | distribution to unsecured creditors?                           |                    |  |  |   |
| 18. | How many Creditors do you estimate that you                    | <b>1</b> -49       |  | □ 1,000-5,000<br>□ 5001-10,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000   |
|     | owe?   | □ 50-99<br>□ 100-1 |  | ☐ 10,001-25,000  | ☐ More than100,000  |
|     |  | ☐ 200-9            |  | , ,  | ,   |
| 19. | How much do you estimate your assets to                        | □ \$0 - \$         |  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |
|     | be worth?  |                    | 001 - \$100,000                        | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                               | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |
|     |  |                    | ,001 - \$500,000<br>,001 - \$1 million | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |
| 20. | How much do you estimate your liabilities                      | □ \$0 - \$         |  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |
|     | to be?   |                    | 001 - \$100,000<br>,001 - \$500,000    | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                               | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |
|     |  | _                  | ,001 - \$500,000<br>,001 - \$1 million | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |
| Par | t 7: Sign Below  |                    |  |  |   |
| For | you  | I have ex          | kamined this petition, and I decla     | are under penalty of perjury that the inform   | mation provided is true and correct.  |
|     |  |                    |  | I am aware that I may proceed, if eligible,<br>lief available under each chapter, and I ch |   |
|     |  |                    |  | ot pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b).            | at an attorney to help me fill out this   |
|     |  | I request          | relief in accordance with the ch       | napter of title 11, United States Code, spen   | cified in this petition.  |
|     |  |                    | tcy case can result in fines up to     | concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y       | or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |  |                    | VIN J RODRIGUEZ RIVERA                 | Signature of Debto   |   |
|     |  |                    | J RODRIGUEZ RIVERA<br>e of Debtor 1    | Signature of Debto   | 1 4   |
|     |  | Executed           |  | Executed on  | 1/00/1/04/04  |
|     |  |                    | MM / DD / YYYY                         | MM   | I / DD / YYYY   |

| Ontor 1  | J RODRIGUEZ RIVERA |  |
|----------|--------------------|--|
| Jebioi i | J KUDKIGUEZ KIVEKA |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ EDUARDO J. MAYORAL GARCIA          | Date          | June 26, 2023      |
|--|---------------|--------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY     |
| EDUARDO J. MAYORAL GARCIA              |               |                    |
| Printed name                           |               |                    |
| MAYORAL & MANGUAL, P.S.C.              |               |                    |
| Firm name                              |               |                    |
| PMB 157                                |               |                    |
| PO BOX 194000                          |               |                    |
| San Juan, PR 00919-4000                |               |                    |
| Number, Street, City, State & ZIP Code |               |                    |
| Contact phone <b>787-754-2002</b>      | Email address | emayoral@gmail.com |
| 224607 PR                              |               |                    |
| Bar number & State                     |               |                    |

Certificate Number: 12459-PR-CC-037485832



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on June 5, 2023, at 2:11 o'clock PM PDT, Edwin Junior Rodriguez Rivera received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Puerto Rico, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 5, 2023

By: /s/Laurie Ahart

Name: Laurie Ahart

Title: Credit Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

| Fill                       | in this inform                              | ation to identify your                                    | case:   |  |           |                                  |
|----------------------------|---|---|---|--|-----------|----------------------------------|
| Deb                        | otor 1                                      | EDWIN J RODRIC  | GUEZ RIVERA   |  |           |                                  |
| Doh                        | otor 2                                      | First Name  | Middle Name   | Last Name  |           |                                  |
|                            | use if, filing)                             | First Name  | Middle Name   | Last Name  |           |                                  |
| Unit                       | ed States Ban                               | kruptcy Court for the:                                    | DISTRICT OF PUERTO RIC  | 00   |           |                                  |
| Cas<br>(if kn              | se number                                   |   |   |  | _         | neck if this is an nended filing |
| <b>Su</b><br>Be a<br>infor | mmary of<br>s complete ar<br>mation. Fill o | nd accurate as possibut all of your schedul               | ole. If two married people are es first; then complete the in   | Certain Statistical Information filing together, both are equally responsible formation on this form. If you are filing amend box at the top of this page. |           |                                  |
| Part                       | Summa                                       | arize Your Assets   |   |  |           |                                  |
|                            |   |   |   |  |           | ur assets<br>ue of what you own  |
| 1.                         | Schedule A/<br>1a. Copy line                | <b>B: Property</b> (Official Fee 55, Total real estate, f | orm 106A/B)<br>rom Schedule A/B                                 |  | \$        | 70,000.00                        |
|                            | 1b. Copy line                               | e 62, Total personal pro                                  | perty, from Schedule A/B  |  | \$        | 18,858.53                        |
|                            | 1c. Copy line                               | e 63, Total of all propert                                | y on Schedule A/B   |  | \$_       | 88,858.53                        |
| Part                       | t 2: Summa                                  | arize Your Liabilities                                    |   |  |           |                                  |
|                            |   |   |   |  | You       | ur liabilities                   |
|                            |   |   |   |  |           | ount you owe                     |
| 2.                         |   |   | laims Secured by Property (Oftmn A, Amount of claim, at the I   | ficial Form 106D)<br>pottom of the last page of Part 1 of <i>Schedule D</i>  | \$        | 133,427.07                       |
| 3.                         |   |   | Unsecured Claims (Official For 1 (priority unsecured claims) fr | rm 106E/F)<br>om line 6e of <i>Schedule E/F</i>  | \$_       | 0.00                             |
|                            | 3b. Copy the                                | e total claims from Part                                  | 2 (nonpriority unsecured claim                                  | s) from line 6j of Schedule E/F  | \$_       | 117,474.82                       |
|                            |   |   |   | Your total liabilities   | \$        | 250,901.89                       |
| Part                       | t 3: Summa                                  | arize Your Income and                                     | l Expenses  |  |           |                                  |
| 4.                         |   | Your Income (Official Fo                                  |   |  | \$_       | 3,422.53                         |
| 5.                         |   | Your Expenses (Official onthly expenses from li           | ,   |  | \$_       | 3,072.53                         |
| Part                       | 4: Answer                                   | r These Questions for                                     | Administrative and Statistic                                    | al Records   |           |                                  |
| 6.                         | -   | • • •   | er Chapters 7, 11, or 13?<br>on this part of the form. Check    | this box and submit this form to the court with y  | our other | schedules.                       |
| 7.                         | Yes What kind o                             | f debt do you have?                                       |   |  |           |                                  |
|                            |   |   |   | s are those "incurred by an individual primarily for statistical purposes. 28 U.S.C. § 159.  | r a perso | nal, family, or                  |
|                            |   | ebts are not primarily<br>rt with your other sched        |   | othing to report on this part of the form. Check th  | is box ar | d submit this form to            |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 4,155.59

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | <b>Total claim</b> |      |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following:   |                    |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$                 | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$                 | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$                 | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$                 | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$                 | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$                | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$                 | 0.00 |

| Deb          | otor 1 <b>F</b>  | DWIN J RO  | DRIGUEZ RIVE           | -RA            |   |  |  |
|--------------|--|--|------------------------|----------------|---|--|--|
|              |  | st Name  |                        | e Name         | Last Name   |  |  |
|              | otor 2<br>use, if filing) Fin  | st Name  | Middle                 | e Name         | Last Name   |  |  |
|              | •  |  |                        |                |   |  |  |
| Unit         | ed States Bankrup  | tcy Court for  | the: DISTRICT          | OF PUE         | -RTO RICO   |  |  |
| Cas          | e number   |  |                        |                |   |  | ☐ Check if this is ar amended filing   |
| )<br>Off     | ficial Form  | 106A/E   | 3                      |                |   |  |  |
| Sc           | hedule A   | VB: P  | roperty                |                |   |  | 12/15  |
| Answ<br>Part | rer every question.  1: Describe Each  | Residence, B   | uilding, Land, or Ot   | ther Real      | his form. On the top of any additional particles form. On the top of any additional particles for the form of the |  | case number (if known).  |
| . Do         | o you own or have a  | ny legal or ed   | quitable interest in a | any resid      | ence, building, land, or similar property?  | •  |  |
|              | No. Go to Part 2.  |  |                        |                |   |  |  |
|              | No. Go to Part 2.  | property?  |                        |                |   |  |  |
| 1.1          |  | GARDENS<br>TAMAULIF                                      |                        | What<br>■<br>□ | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative   | the amount of any se   | ed claims or exemptions. Put<br>cured claims on Schedule D:<br>Claims Secured by Property.   |
|              | Ves. Where is the purple of th | GARDENS<br>TAMAULIF<br>able, or other des                | 00926-0000             |                | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land  | the amount of any se<br>Creditors Who Have<br>Current value of the<br>entire property?   | curred claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  |
|              | URB. VENUS (AC-19 CALLE Street address, if available)  | GARDENS<br>TAMAULIF<br>able, or other des                | scription              |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare   | Current value of the entire property? \$140,000.0  Describe the nature (such as fee simple   | cured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  70,000.00  of your ownership interest, tenancy by the entireties, or |
|              | Ves. Where is the purple of th | GARDENS<br>TAMAULIF<br>able, or other des                | 00926-0000             |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one  | Current value of the entire property? \$140,000.0  Describe the nature (such as fee simple a life estate), if known  | cured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  70,000.00  of your ownership interest, tenancy by the entireties, or |
|              | URB. VENUS (AC-19 CALLE Street address, if avails  SAN JUAN City   | GARDENS<br>TAMAULIF<br>able, or other des<br>PR<br>State | 00926-0000             |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only  | Current value of the entire property? \$140,000.0  Describe the nature (such as fee simple   | cured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  70,000.00  of your ownership interest, tenancy by the entireties, or |
|              | Ves. Where is the purple of th | GARDENS<br>TAMAULIF<br>able, or other des<br>PR<br>State | 00926-0000             | Who            | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | Current value of the entire property? \$140,000.0  Describe the nature (such as fee simple a life estate), if know Fee simple  Check if this is (see instructions) | cured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?  70,000.00  of your ownership interest, tenancy by the entireties, or |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Deb           | tor 1 <b>E</b> | DWIN J RODRIG   | SUEZ RIVER       | Α   | Case number (if known)      |   |
|---------------|----------------|---|------------------|---|-----------------------------|---|
| 3. <b>C</b> a | ars, vans,     | trucks, tractors, s   | sport utility ve | hicles, motorcycles   |                             |   |
|               | No             |   |                  |   |                             |   |
|               | Yes            |   |                  |   |                             |   |
|               |                |   |                  |   |                             |   |
| 3.1           | Make:          | PIAGGIO   |                  | Who has an interest in the property? Check one  |                             | cured claims or exemptions. Put<br>y secured claims on Schedule D:                |
|               | Model:         | BEVERLY 400   | <u> </u>         | Debtor 1 only   |                             | ave Claims Secured by Property.   |
|               | Year:          | 2022  |                  | Debtor 2 only   | Current value of            | the Current value of the  |
|               |                | nate mileage:   | 1,000            | Debtor 1 and Debtor 2 only  | entire property?            | portion you own?  |
|               | Other inf      | ormation:   |                  | At least one of the debtors and another   |                             |   |
|               |                |   |                  | ☐ Check if this is community property (see instructions)  | \$7,20                      | 0.00 \$7,200.00   |
| Ex            |                |   |                  | d other recreational vehicles, other vehicles tercraft, fishing vessels, snowmobiles, motorcy             |                             |   |
|               |                |   |                  | n for all of your entries from Part 2, includir<br>that number here                                       |                             | \$7,200.00  |
| Part          | 3: Descri      | be Your Personal and  | d Household Ite  | ems   |                             |   |
|               |                |   |                  | terest in any of the following items?   |                             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E             |                |   |                  | , china, kitchenware  |                             |   |
|               |                | SET   | Γ, 2 REFRIGE     | ETS, LIVING ROOM SET, DINING ROOM<br>ERATORS, 2 STOVES, MICROWAVE OV<br>ER, FREEZER, 4 A/C UNITS, POWER G | VEN,                        | \$6,000.00  |
| E             | l No           | Televisions and rad<br>including cell phone                     |                  | eo, stereo, and digital equipment; computers, p<br>nedia players, games                                   | orinters, scanners; music o | collections; electronic devices   |
|               | Yes. De        | scribe  |                  |   |                             |   |
|               |                | 2 TI  | ELEVISION S      | SETS, 1 COMPUTER  |                             | \$550.00  |
|               |                |   |                  |   |                             |   |
| E             | xamples:       | s of value<br>Antiques and figurir<br>other collections, m      |                  | prints, or other artwork; books, pictures, or other   | er art objects; stamp, coin | , or baseball card collections;   |
| _             | No<br>Yes. De  | scribe  |                  |   |                             |   |
| E             | xamples:       | for sports and hol<br>Sports, photograph<br>musical instruments | ic, exercise, an | nd other hobby equipment; bicycles, pool tables   | s, golf clubs, skis; canoes | and kayaks; carpentry tools;  |
|               | l Yes. De      | scribe  |                  |   |                             |   |

| Debtor 1              | <b>EDWIN J RODRIGU</b>                     | EZ RIVERA                             |   | Case number (if known)        |   |
|-----------------------|--|---------------------------------------|---|-------------------------------|---|
| 10. Firear            | ms   |                                       |   |                               |   |
| Exam                  | nples: Pistols, rifles, shotgu             | ns, ammunition, and re                | lated equipment   |                               |   |
| ■ No                  |  |                                       |   |                               |   |
| ⊔ Yes                 | . Describe                                 |                                       |   |                               |   |
| 11. Clothe            |  |                                       |   |                               |   |
| _                     | nples: Everyday clothes, fu                | rs, leather coats, design             | ner wear, shoes, accessories  |                               |   |
| □ No                  | <b>5</b>                                   |                                       |   |                               |   |
| ■ Yes                 | . Describe                                 |                                       |   |                               |   |
|                       | SHOE                                       | S AND CLOTHING                        |   |                               | \$350.00                                |
| 40.1.1                |  |                                       |   |                               |   |
| 12. <b>Jewel</b> Exam |  | stume iewelry, engage                 | ment rings, wedding rings, heirloom j                                       | ewelry, watches, gems, c      | ıold. silver                            |
| ■ No                  | , , , , , , , , , , , ,                    | , , , , , , , , , , , , , , , , , , , | , S., S., S., S., S., S., S., S., S., S.                                    | ,,, ,, ,                      | , ,                                     |
| ☐ Yes                 | . Describe                                 |                                       |   |                               |   |
| 12 Non f              | arm animals                                |                                       |   |                               |   |
| -                     | arm ammais<br>oples: Dogs, cats, birds, ho | rses                                  |   |                               |   |
| ■ No                  | ,  |                                       |   |                               |   |
| ☐ Yes                 | . Describe                                 |                                       |   |                               |   |
| 14. <b>Any</b> o      | ther personal and house                    | hold items you did no                 | ot already list, including any health                                       | aids you did not list         |   |
| ■ No                  |  |                                       |   |                               |   |
| ☐ Yes                 | . Give specific information                |                                       |   |                               |   |
|                       |  |                                       |   | ļ                             |   |
|                       |  |                                       | t 3, including any entries for pages  | s you have attached           | \$6,900.00                              |
| for F                 | Part 3. Write that number                  | here                                  |   |                               | <del></del>                             |
|                       |  |                                       |   | ļ                             |   |
|                       | escribe Your Financial Asse                |                                       |   |                               |   |
| Do you o              | wn or have any legal or e                  | equitable interest in a               | ny of the following?  |                               | Current value of the portion you own?   |
|                       |  |                                       |   |                               | Do not deduct secured                   |
|                       |  |                                       |   |                               | claims or exemptions.                   |
| 16. <b>Cash</b>       |  |                                       |   |                               |   |
|                       | nples: Money you have in y                 | our wallet, in your hom-              | e, in a safe deposit box, and on hand                                       | I when you file your petition | on                                      |
| ■ No                  |  |                                       |   |                               |   |
| ⊔ Yes                 |  |                                       |   |                               |   |
|                       | sits of money                              |                                       |   |                               |   |
| Exam                  |  |                                       | nts; certificates of deposit; shares in on the same institution, list each. | credit unions, brokerage h    | nouses, and other similar               |
| □ No                  | ,  |                                       | ,   |                               |   |
| ■ Yes                 |  |                                       | Institution name:   |                               |   |
|                       |  |                                       |   |                               |   |
|                       | 17.1.                                      | CHECKING                              | FIRST BANK  |                               | \$220.00                                |
|                       |  |                                       |   |                               |   |
| 18. <b>Bond</b> s     | s, mutual funds, or public                 | cly traded stocks                     |   |                               |   |
|                       |  |                                       | erage firms, money market accounts  |                               |   |
| ■ No                  |  |                                       |   |                               |   |
| ☐ Yes                 |  | Institution or issuer na              | me:   |                               |   |
| 19. <b>Non-</b> p     | oublicly traded stock and                  | interests in incorpora                | ated and unincorporated business  | es, including an interes      | t in an LLC, partnership, and           |
|                       | venture                                    | •                                     |   | •                             | ., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ■ No                  |  |                                       |   |                               |   |
| ☐ Yes                 | . Give specific information                | about them<br>me of entity:           |   | % of ownership:               |   |
|                       | ina  | ino or <del>c</del> ritity.           |   | 70 OI OWITETSTIIP.            |   |

| De  | ebtor 1                  | EDWIN J F                          | RODRIGUEZ RIVERA  | Case number  | er (if known)  |
|-----|--------------------------|------------------------------------|---|--|--|
| 20. | Negoti<br>Non-ne<br>■ No | able instrumer<br>egotiable instr  | nts include personal checks, o                                  | gotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.           |  |
|     |                          |                                    | Issuer name:  |  |  |
| 21. |                          | nent or pension<br>bles: Interests |   | , 403(b), thrift savings accounts, or other pension or pro   | ofit-sharing plans   |
|     | Yes.                     | List each acco                     | ount separately.  |  |  |
|     |                          |                                    | Type of account:  | Institution name:  |  |
|     |                          |                                    | 401(k)  | LUMA ENERGY 401(k) PR RETIREMEN  | NT \$4,538.53  |
| 22. | Your s<br>Examp          | hare of all unu                    |   | so that you may continue service or use from a compar<br>nt, public utilities (electric, gas, water), telecommunication<br>Institution name or individual: |  |
| သ   | Annuiti                  | ios (A controc                     | t for a pariadia payment of me                                  | anov to you gither for life or for a number of years)  |  |
| 23. | . Alliluiti<br>■ No      | ies (A contrac                     | tion a periodic payment of mic                                  | oney to you, either for life or for a number of years)   |  |
|     | Yes                      |                                    | Issuer name and description                                     |  |  |
| 24. |                          |                                    | ation IRA, in an account in a<br>), 529A(b), and 529(b)(1).     | qualified ABLE program, or under a qualified state   | tuition program.   |
|     | Yes                      |                                    | Institution name and descript                                   | ion. Separately file the records of any interests.11 U.S.  | C. § 521(c):   |
| 25. | `                        | equitable or                       | future interests in property                                    | (other than anything listed in line 1), and rights or p  | powers exercisable for your benefit  |
|     | ■ No<br>□ Yes.           | Give specific                      | information about them  |  |  |
| 26. |                          |                                    |   | and other intellectual property eeds from royalties and licensing agreements   |  |
|     | ■ No<br>□ Yes.           | Give specific                      | information about them  |  |  |
| 27. | _Examp                   | •                                  | s, and other general intangi<br>permits, exclusive licenses, co | bles poperative association holdings, liquor licenses, profession  | ional licenses   |
|     | ■ No<br>□ Yes.           | Give specific                      | information about them  |  |  |
| M   | oney or                  | property owe                       | d to you?   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28. | Tax ref                  | unds owed to                       | o you   |  |  |
|     | ■ No                     |                                    |   |  |  |
|     | ☐ Yes.                   | Give specific i                    | nformation about them, includ                                   | ling whether you already filed the returns and the tax ye  | ears   |
| 29. | Examp  ■ No              |                                    | or lump sum alimony, spousa                                     | I support, child support, maintenance, divorce settleme  | nt, property settlement  |

| Debtor 1       | EDWIN J RODRIGUEZ RIVERA  | Case number (if known)                        |                            |
|----------------|---|---|----------------------------|
|                | er amounts someone owes you  mples: Unpaid wages, disability insurance payments, disability benefits benefits; unpaid loans you made to someone else      | , sick pay, vacation pay, workers' compe      | nsation, Social Security   |
| ■ No           |   |   |                            |
| ☐ Ye           | s. Give specific information  |   |                            |
|                | ests in insurance policies  mples: Health, disability, or life insurance; health savings account (HSA)  | ); credit, homeowner's, or renter's insurar   | nce                        |
| □Y€            | s. Name the insurance company of each policy and list its value.  Company name:   | Beneficiary:                                  | Surrender or refund value: |
| If yo          | interest in property that is due you from someone who has died u are the beneficiary of a living trust, expect proceeds from a life insura eone has died. | nce policy, or are currently entitled to reco | eive property because      |
| □ Ye           | s. Give specific information  |   |                            |
| Exa<br>■ No    | ns against third parties, whether or not you have filed a lawsuit or mples: Accidents, employment disputes, insurance claims, or rights to so.            |   |                            |
| ■ No           | er contingent and unliquidated claims of every nature, including co   | unterclaims of the debtor and rights to       | set off claims             |
| ■ No           | financial assets you did not already list s. Give specific information  |   |                            |
|                | d the dollar value of all of your entries from Part 4, including any e<br>Part 4. Write that number here  |   | \$4,758.53                 |
| Part 5:        | Describe Any Business-Related Property You Own or Have an Interest In. Li   | st any real estate in Part 1.                 |                            |
|                |   |   |                            |
|                | u own or have any legal or equitable interest in any business-related prope<br>Go to Part 6.  | rty?  |                            |
| ☐ Yes          | . Go to line 38.  |   |                            |
|                | Describe Any Farm- and Commercial Fishing-Related Property You Own or f you own or have an interest in farmland, list it in Part 1.                       | Have an Interest In.                          |                            |
| <b>■</b> 1     | ou own or have any legal or equitable interest in any farm- or com<br>lo. Go to Part 7.<br>es. Go to line 47.   | mercial fishing-related property?             |                            |
| Part 7:        | Describe All Property You Own or Have an Interest in That You Did Not   | List Above                                    |                            |
|                | ou have other property of any kind you did not already list? mples: Season tickets, country club membership   |   |                            |
| _              | s. Give specific information  |   |                            |
| 54. <b>A</b> d | d the dollar value of all of your entries from Part 7. Write that numb  | per here                                      | \$0.00                     |

| Debtor 1 | EDWIN J RODRIGUEZ RIVERA                  | Case number (if known) |  |
|----------|---|------------------------|--|
| Part 8:  | List the Totals of Each Part of this Form |                        |  |

| Part 8:      | List the Totals of Each Part of this Form                   |   |             |                              |             |
|--------------|---|---|-------------|------------------------------|-------------|
| 55. <b>P</b> | art 1: Total real estate, line 2                            |   |             |                              | \$70,000.00 |
| 56. <b>P</b> | art 2: Total vehicles, line 5                               |   | \$7,200.00  | _                            |             |
| 57. <b>P</b> | art 3: Total personal and household items, line 15          |   | \$6,900.00  |                              |             |
| 58. <b>P</b> | art 4: Total financial assets, line 36                      |   | \$4,758.53  |                              |             |
| 59. <b>P</b> | art 5: Total business-related property, line 45             |   | \$0.00      |                              |             |
| 60. <b>P</b> | art 6: Total farm- and fishing-related property, line 52    |   | \$0.00      |                              |             |
| 61. <b>P</b> | art 7: Total other property not listed, line 54             | + | \$0.00      |                              |             |
| 62. <b>T</b> | otal personal property. Add lines 56 through 61             | _ | \$18,858.53 | Copy personal property total | \$18,858.53 |
| 63. <b>T</b> | otal of all property on Schedule A/B. Add line 55 + line 62 |   |             |                              | \$88,858.53 |

| Fil                      | l in this inform  | ation to identify your   | case:                           |   |                          |   |  |
|--------------------------|---|--|---------------------------------|---|--------------------------|---|--|
| De                       | ebtor 1   | EDWIN J RODRIG   |                                 |   |                          |   |  |
| Do                       | ebtor 2   | First Name   | М                               | iddle Name  | Li                       | ast Name  |  |
|                          | ouse if, filing)  | First Name   | М                               | iddle Name  | Li                       | ast Name  |  |
| Un                       | ited States Ban   | kruptcy Court for the:   | DISTR                           | RICT OF PUERTO RIC  | 0                        |   |  |
|                          | nse number  |  |                                 |   |                          |   | ☐ Check if this is an amended filing   |
|                          | fficial For<br>chedule  |  | oper                            | ty You Cla  | im                       | as Exempt   | 4/22   |
| the<br>nee<br>cas        | property you list<br>eded, fill out and<br>e number (if kn                      | sted on <i>Schedule A/B: F</i><br>I attach to this page as r<br>own).  | Property (<br>many co           | (Official Form 106A/B) opies of <i>Part 2: Addition</i>             | as yo<br>al Pa           | ur source, list the property that you ge as necessary. On the top of any  | additional pages, write your name and  |
| spe<br>any<br>fun<br>exe | ecific dollar am<br>applicable sta<br>ds—may be ur<br>emption to a pa           | nount as exempt. Alter<br>atutory limit. Some exe<br>nlimited in dollar amou   | natively<br>emption<br>unt. How | , you may claim the fus—such as those for<br>vever, if you claim an | ıll fai<br>healt<br>exem | r market value of the property be<br>th aids, rights to receive certain b<br>option of 100% of fair market valu | One way of doing so is to state a ing exempted up to the amount of senefits, and tax-exempt retirement se under a law that limits the t, your exemption would be limited |
| Pa                       | rt 1: Identify  | y the Property You Cla   | im as E                         | xempt   |                          |   |  |
| 1.                       | Which set of  | exemptions are you cl  | aiming?                         | P Check one only, even  | if yo                    | ur spouse is filing with you.   |  |
|                          | ☐ You are cla   | niming state and federal   | nonbank                         | cruptcy exemptions. 1   | 1 U.S                    | S.C. § 522(b)(3)  |  |
|                          | You are cla   | niming federal exemption   | ns. 11 L                        | J.S.C. § 522(b)(2)  |                          |   |  |
| 2.                       | For any prope   | erty you list on Sched   | ule A/B                         | that you claim as exe   | mpt,                     | fill in the information below.  |  |
|                          |   | on of the property and line hat lists this property  | e on                            | Current value of the portion you own Copy the value from            |                          | ount of the exemption you claim  ck only one box for each exemption.  | Specific laws that allow exemption   |
|                          |   |  |                                 | Schedule A/B  | Ono                      | ok only one box for each exemption.   |  |
|                          |   | S GARDENS AC-19<br>IAULIPA SAN JUAN  | . PR                            | \$70,000.00   |                          | \$7,532.00  | 11 U.S.C. § 522(d)(1)  |
|                          | 00926 TRU. 50% INTERE LOCATED A GARDENS, TAMAULIPA PROPERTY BEDROOMS KITCHEN, L | JILLO ALTO County EST IN PROPERTY AT URB VENUS AC-19 CALLE A, SAN JUAN, PR 00 CONSISTS OF 3 S, 1 BATHROOM, LIVING ROOM, DININ edule A/B: 1.1 | 926.                            |   |                          | 100% of fair market value, up to any applicable statutory limit   |  |
|                          |   | M SETS, LIVING RO  |                                 | \$6,000.00  |                          | \$6,000.00  | 11 U.S.C. § 522(d)(3)  |
|                          | 2 REFRIGER  | _  | <b>,</b>                        |   |                          | 100% of fair market value, up to any applicable statutory limit   |  |
|                          |   | ON SETS, 1 COMPU   | TER                             | \$550.00  |                          | \$550.00  | 11 U.S.C. § 522(d)(3)  |
|                          | Line from Sch   | edule A/B: <b>7.1</b>  |                                 |   |                          | 100% of fair market value, up to any applicable statutory limit   |  |
|                          |   |  |                                 |   |                          | any applicable statutory limit  |  |

| Debtor | EDWIN J RODRIGUEZ RIVERA   |   | Case number (if known) |   |                                    |  |
|--------|--|---|------------------------|---|------------------------------------|--|
|        | ef description of the property and line on hedule A/B that lists this property   | Current value of the portion you own  Copy the value from Schedule A/B  Amount of the exemption you claim  Check only one box for each exemption. |                        | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|        |  |   |                        |   |                                    |  |
|        | HOES AND CLOTHING  be from Schedule A/B: 11.1  | \$350.00  |                        | \$350.00  | 11 U.S.C. § 522(d)(3)              |  |
| LIII   | e Holli Garicadie 24 E. TTT  |   |                        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|        | HECKING: FIRST BANK e from Schedule A/B: 17.1  | \$220.00  |                        | \$220.00  | 11 U.S.C. § 522(d)(5)              |  |
| LIN    | e IIOIII S <i>criedule A/B</i> . 17.1  |   |                        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|        | 1(k): LUMA ENERGY 401(k) PR  | \$4,538.53  |                        | \$4,538.53  | 11 U.S.C. § 522(d)(12)             |  |
|        | e from Schedule A/B: 21.1  |   |                        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|        | e you claiming a homestead exemption ubject to adjustment on 4/01/25 and every No Yes. Did you acquire the property covere  No Yes | 3 years after that for ca   | ises fi                | ,   | ,                                  |  |

|                              |   |  |             |  | _  |                             |
|------------------------------|---|--|-------------|--|--|-----------------------------|
| Fill in this                 | s information to identify you   | ır case:   |             |  |  |                             |
| Debtor 1                     | EDWIN J RODR  | IGUEZ RIVERA   |             |  |  |                             |
|                              | First Name  | Middle Name Last N   | Name        |  |  |                             |
| Debtor 2<br>(Spouse if, fili | ing) First Name   | Middle Name Last N   | Name        |  |  |                             |
| United Sta                   | ates Bankruptcy Court for the   | DISTRICT OF PUERTO RICO  |             |  |  |                             |
| Case num<br>(if known)       | ber   |  |             |  |  | if this is an<br>led filing |
| Official                     | Form 106D   |  |             |  |  |                             |
| Sched                        | lule D: Creditors   | Who Have Claims Sec  | ured        | by Propert   | y  | 12/15                       |
|                              | copy the Additional Page, fill it   | If two married people are filing together, both out, number the entries, and attach it to this   |             |  |  |                             |
| 1. Do any cr                 | reditors have claims secured by   | y your property?   |             |  |  |                             |
| □ No.                        | . Check this box and submit t   | his form to the court with your other sched  | ules. You   | have nothing else t                                    | o report on this form.                       |                             |
| Yes                          | s. Fill in all of the information   | helow  |             | -  | •  |                             |
|                              |   | bolow.   |             |  |  |                             |
|                              | List All Secured Claims   |  |             | Column A   | Column B                                     | Column C                    |
| for each cla<br>much as po   | nim. If more than one creditor has<br>assible, list the claims in alphabeti | more than one secured claim, list the creditor se<br>a particular claim, list the other creditors in Par-<br>cal order according to the creditor's name. |             | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| ソ1                           | - EQUITY  | Describe the property that secures the clai  | m.          | \$124,936.00   | \$140,000.00                                 | \$0.00                      |
|                              | RTGAGE, INC.  | URB. VENUS GARDENS AC-19   |             | <b>4121,000.00</b>                                     | <b>—                                    </b> | 40.00                       |
|                              |   | CALLE TAMAULIPA SAN JUAN, F  | PR          |  |  |                             |
|                              |   | 00926 TRUJILLO ALTO County<br>50% INTEREST IN PROPERTY   |             |  |  |                             |
|                              |   | LOCATED AT URB VENUS   |             |  |  |                             |
|                              |   | <b>GARDENS, AC-19 CALLE</b>  |             |  |  |                             |
|                              |   | TAMAULIPA, SAN JUAN, PR 0092<br>PROPERTY CONSISTS OF 3<br>BEDROOMS, 1 BATHROOM,<br>KITCHEN, LIVIN  | 26.         |  |  |                             |
| _                            | BOLIVAR ST  | As of the date you file, the claim is: Check at apply.   | ll that     |  |  |                             |
|                              | N JUAN, PR 00912  | Contingent   |             |  |  |                             |
| Numb                         | er, Street, City, State & Zip Code  | Unliquidated   |             |  |  |                             |
| Who owes                     | s the debt? Check one.  | ☐ Disputed  Nature of lien. Check all that apply.  |             |  |  |                             |
| ☐ Debtor 1                   | •   | An agreement you made (such as mortgag   | ge or secur | red  |  |                             |
| _                            | 2 only<br>1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's   | s lien)     |  |  |                             |
|                              | one of the debtors and another  | ☐ Judgment lien from a lawsuit   | ,           |  |  |                             |
| ☐ Check i                    | if this claim relates to a<br>unity debt                                    | Other (including a right to offset)  |             |  |  |                             |
|                              | was incurred 08/26/2020   | Last 4 digits of account number  |             |  |  |                             |

| Debtor 1 EDWIN J RODRIGUEZ F                                       | RIVERA  | Case number (if known)               |                          |             |
|--|---|--------------------------------------|--------------------------|-------------|
| First Name Middle N  | ame Last Name   | _                                    |                          |             |
| FREEDOMROAD FINANCIAL  | Describe the property that secures the claim:   | \$8,491.07                           | \$7,200.00               | \$1,291.07  |
| Creditor's Name  | 2022 PIAGGIO BEVERLY 400 1,000 miles  |                                      |                          |             |
| 1515 W 22ND ST<br>SUITE 100W<br>OAK BROOK, IL 60523                | As of the date you file, the claim is: Check all that apply.  ☐ Contingent  | J                                    |                          |             |
| Number, Street, City, State & Zip Code                             | ☐ Unliquidated  |                                      |                          |             |
| Who owes the debt? Check one.                                      | ☐ Disputed  Nature of lien. Check all that apply.   |                                      |                          |             |
| ■ Debtor 1 only □ Debtor 2 only                                    | An agreement you made (such as mortgage or<br>car loan)   | secured                              |                          |             |
| ☐ Debtor 1 and Debtor 2 only                                       | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                                      |                          |             |
| $\square$ At least one of the debtors and another                  | ☐ Judgment lien from a lawsuit  |                                      |                          |             |
| ☐ Check if this claim relates to a community debt                  | Other (including a right to offset)  VEHICLE  | LOAN                                 |                          |             |
| Date debt was incurred   | Last 4 digits of account number 351   | 9                                    |                          |             |
|  |   |                                      |                          |             |
| Add the dollar value of your entries in C                          | olumn A on this page. Write that number here:   | \$133,427.0                          | 7                        |             |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages.   | \$133,427.0                          | 7                        |             |
| Part 2: List Others to Be Notified for                             | r a Debt That You Already Listed  |                                      |                          |             |
| trying to collect from you for a debt you o                        | e notified about your bankruptcy for a debt that y<br>we to someone else, list the creditor in Part 1, and<br>t you listed in Part 1, list the additional creditors had<br>to page. | d then list the collection agenc     | y here. Similarly, if yo | u have more |
| Name, Number, Street, City, State 8 EMI - EQUITY MORTGAGE          | , INC.  | which line in Part 1 did you enter t | he creditor? 2.1         |             |
| 1651 AVE PONCE DE LEO<br>SUITE 102<br>SAN JUAN, PR 00909           | N Last  | 4 digits of account number           |                          |             |

| Fill in this i                                   | information to identify your  | case:   |                     |                              |                        |                                     |
|--|---|---|---------------------|------------------------------|------------------------|-------------------------------------|
| Debtor 1   | EDWIN J RODRIG  | LIE7 DIVEDA   |                     |                              |                        |                                     |
| Debior 1   | First Name  | Middle Name   | Last Name           |                              | -                      |                                     |
| Debtor 2   |   |   |                     |                              | _                      |                                     |
| (Spouse if, filing                               | g) First Name   | Middle Name   | Last Name           |                              |                        |                                     |
| United State                                     | es Bankruptcy Court for the:  | DISTRICT OF PUERTO RICC   | 0                   |                              | _                      |                                     |
| Case numb<br>(if known)                          | er  |   |                     |                              |                        | heck if this is an<br>mended filing |
|  | Form 106E/F   | The Heye Unecourse  | d Claima            |                              |                        | 42/45                               |
|  |   | ho Have Unsecured Part 1 for creditors with PRIORI  |                     |                              |                        | 12/15                               |
| Schedule D: (<br>left. Attach th<br>name and cas | Creditors Who Have Claims Sec   | ired Leases (Official Form 106G). ured by Property. If more space is e. If you have no information to re secured Claims   | s needed, copy      | he Part you need, fill it    | out, number the ent    | ries in the boxes on the            |
|  | creditors have priority unsecure                                      |   |                     |                              |                        |                                     |
| _ `  | Go to Part 2.   | <b>g</b> ,  |                     |                              |                        |                                     |
| ☐ Yes.   | 50 to Part 2.   |   |                     |                              |                        |                                     |
| ☐ Yes.   |   |   |                     |                              |                        |                                     |
| Part 2:  | ist All of Your NONPRIORIT  | Y Unsecured Claims  |                     |                              |                        |                                     |
| 3. Do any o                                      | creditors have nonpriority unsec                                      | cured claims against you?   |                     |                              |                        |                                     |
| ☐ No. Y  | ou have nothing to report in this p                                   | art. Submit this form to the court wit  | h your other sche   | edules.                      |                        |                                     |
| Yes.   |   |   |                     |                              |                        |                                     |
| unsecure   | ed claim, list the creditor separately                                | aims in the alphabetical order of t<br>y for each claim. For each claim liste<br>ist the other creditors in Part 3.If you | ed, identify what t | ype of claim it is. Do not I | ist claims already inc | luded in Part 1. If more            |
|  |   |   |                     |                              |                        | Total claim                         |
| 4.1 <b>AM</b>                                    | IEX/CITIBANK  | Last 4 digits of ac   | count number        | 6027                         |                        | \$19,788.00                         |
|  | priority Creditor's Name  | When was the del  | bt incurred?        | 04/17/2016                   |                        |                                     |
|  | SON, OH 45040   |   |                     |                              |                        |                                     |
|  | nber Street City State Zip Code                                       | As of the date you  | u file, the claim i | s: Check all that apply      |                        |                                     |
| _  | o incurred the debt? Check one.                                       | _   |                     |                              |                        |                                     |
|  | Debtor 1 only   | ☐ Contingent  |                     |                              |                        |                                     |
| _  | Debtor 2 only   | Unliquidated  |                     |                              |                        |                                     |
| _  | Debtor 1 and Debtor 2 only  | ☐ Disputed  | DITY                | l alatas                     |                        |                                     |
|  | At least one of the debtors and and                                   | По  | KIIY UNSECUTE       | ı cıaım:                     |                        |                                     |
| deb  | Check if this claim is for a comr<br>t<br>ne claim subject to offset? | Obligations aris  | •                   | ration agreement or divo     | rce that you did not   |                                     |
| is tr  |   | report as priority cla  Debts to pension  |                     | g plans, and other simila    | r debts                |                                     |
| _ ·  |   | Other. Specify  |                     | •                            |                        |                                     |
|  | 100   | Otner. Specify  | 33 3/               |                              |                        |                                     |

| otor 1 EDWIN J RODRIGUEZ RIVERA   |   | Case number (if known)                        |             |
|---|---|---|-------------|
| BANCO POPULAR DE PR   | Last 4 digits of account number                               | 6302  | \$23,429.00 |
| Nonpriority Creditor's Name PO BOX 362708   | When was the debt incurred?                                   | 09/01/2020                                    |             |
| SAN JUAN, PR 00936-2708  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                            | is: Check all that apply                      |             |
| Debtor 1 only   | ☐ Contingent  |   |             |
| ☐ Debtor 2 only   | ☐ Unliquidated  |   |             |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |             |
| $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                  | d claim:                                      |             |
| $\square$ Check if this claim is for a community  | ☐ Student loans   |   |             |
| debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims    | aration agreement or divorce that you did not |             |
| ■ No  | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |             |
| Yes   | Other. Specify AUTO LEA                                       | SE  |             |
| BEST BUY/CBNA   | Last 4 digits of account number                               | 7638  | \$17,035.00 |
| Nonpriority Creditor's Name PO BOX 6497 SIOUX FALLS, SD 57117                                 | When was the debt incurred?                                   | 01/18/2013                                    |             |
| Number Street City State Zip Code   | As of the date you file, the claim                            | is: Check all that apply                      |             |
| Who incurred the debt? Check one.   |   |   |             |
| Debtor 1 only   | ☐ Contingent  |   |             |
| Debtor 2 only   | ☐ Unliquidated  |   |             |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |             |
| $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                  | d claim:                                      |             |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |             |
| debt<br>Is the claim subject to offset?   | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not |             |
| ■ No  | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |             |
| Yes   | ■ Other. Specify CREDIT CA                                    |   |             |
| CARIBE FEDERAL CREDIT UNION   | Last 4 digits of account number                               | 3662  | \$2,124.00  |
| Nonpriority Creditor's Name 195 CALLE ONEILL SAN JUAN. PR 00918-2404                          | When was the debt incurred?                                   | 03/21/2017                                    |             |
| Number Street City State Zip Code  Who incurred the debt? Check one.                          | As of the date you file, the claim                            | is: Check all that apply                      |             |
| ■ Debtor 1 only   | ☐ Contingent  |   |             |
| Debtor 2 only   | ☐ Unliquidated  |   |             |
| ☐ Debtor 1 and Debtor 2 only  | Disputed  |   |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                  | d claim:                                      |             |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |             |
| debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims    | aration agreement or divorce that you did not |             |
| ■ No  | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |             |
| ☐ Yes   | ■ Other, Specify CREDIT CA                                    | ARD   |             |

| EDWIN J RODRIGUEZ RIVERA  |  | Case number (if known)                        |             |
|---|--|---|-------------|
| CARIBE FEDERAL CREDIT UNION   | Last 4 digits of account number                              | 1600  | \$4,347.00  |
| Nonpriority Creditor's Name  195 CALLE ONEILL  SAN IIIAN BB 00018 2404                        | When was the debt incurred?                                  | 10/16/2020                                    |             |
| SAN JUAN, PR 00918-2404  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |             |
| ■ Debtor 1 only   | ☐ Contingent   |   |             |
| Debtor 2 only   | ☐ Unliquidated   |   |             |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |             |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
| No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |             |
| Yes   | Other. Specify PERSONAL                                      | L LOAN  |             |
| CITICARDS CBNA  | Last 4 digits of account number                              | 9849  | \$19,945.00 |
| Nonpriority Creditor's Name PO BOX 6241 SIOUX FALLS, SD 57117                                 | When was the debt incurred?                                  | 11/24/2019                                    |             |
| Number Street City State Zip Code  Who incurred the debt? Check one.                          | As of the date you file, the claim                           | is: Check all that apply                      |             |
| ■ Debtor 1 only   | ☐ Contingent   |   |             |
| Debtor 2 only   | ☐ Unliquidated   |   |             |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |             |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
| No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |             |
| Yes   | Other. Specify CREDIT CA                                     | ARD   |             |
| MARCUS BY GOLMAN SACHS  | Last 4 digits of account number                              | 3762  | \$27,600.82 |
| Nonpriority Creditor's Name PO BOX 1978 CRANBERRY TWP, PA 16066                               | When was the debt incurred?                                  |   |             |
| Number Street City State Zip Code  Who incurred the debt? Check one.                          | As of the date you file, the claim                           | is: Check all that apply                      |             |
| Debtor 1 only   | ☐ Contingent   |   |             |
| Debtor 2 only   | ☐ Unliquidated   |   |             |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |             |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
| ■ No  | Debts to pension or profit-sharing                           |   |             |
| □Yes  | ■ Other. Specify PERSONAL                                    | L LOAN  |             |

| Debtor            | 1 EDWIN J  | RODRIGUEZ RIVERA  |   | Case no    | umber (if   | known)                      |  |
|-------------------|--|---|---|------------|-------------|-----------------------------|--|
| 4.8               | SYNCB/RO Nonpriority Cre                             | OMS TO GO   | Last 4 digits of account number                               | 6422       |             | _                           | \$849.00                                     |
|                   | PO BOX 96<br>ORLANDO,                                | 5036  | When was the debt incurred?                                   | 06/23      | 3/2016      |                             | -  |
|                   |  | City State Zip Code   | As of the date you file, the claim                            | is: Check  | call that a | ipply                       |  |
|                   | Who incurred   | the debt? Check one.  |   |            |             |                             |  |
|                   | Debtor 1 on  | ly  | ☐ Contingent  |            |             |                             |  |
|                   | Debtor 2 on  | ly  | ☐ Unliquidated  |            |             |                             |  |
|                   | Debtor 1 an  | d Debtor 2 only   | ☐ Disputed  |            |             |                             |  |
|                   | ☐ At least one                                       | of the debtors and another  | Type of NONPRIORITY unsecure                                  | ed claim:  |             |                             |  |
|                   |  | is claim is for a community   | Student loans   |            |             |                             |  |
|                   | debt   | bject to offset?  | Obligations arising out of a sep<br>report as priority claims | aration ag | reement     | or divorce that you did not |  |
|                   | No   | ibject to onset:  | Debts to pension or profit-shari                              | ng plans   | and other   | similar dehts               |  |
|                   | ☐ Yes  |   | - 005017.0  |            | and other   | ominar doblo                |  |
|                   | □ Yes  |   | Other. Specify CREDIT CA                                      | AND        |             |                             | _  |
| 4.9               | THE HOME   | DEPOT/CBNA  | Last 4 digits of account number                               | 4842       |             |                             | \$2,357.00                                   |
|                   | Nonpriority Cre                                      |   | When was the debt incurred?                                   | 07/20      | 1/2040      |                             |  |
|                   | PO BOX 64<br>SIOUX FAL                               | 57<br>LS, SD 57117-6497   | when was the dept incurred?                                   | 0//28      | 9/2019      |                             | -  |
|                   |  | City State Zip Code   | As of the date you file, the claim                            | is: Check  | call that a | pply                        |  |
|                   | Who incurred   | the debt? Check one.  |   |            |             |                             |  |
|                   | Debtor 1 on  | ly  | ☐ Contingent  |            |             |                             |  |
|                   | Debtor 2 on  | ly  | ☐ Unliquidated  |            |             |                             |  |
|                   | Debtor 1 an  | d Debtor 2 only   | ☐ Disputed  |            |             |                             |  |
|                   | ☐ At least one                                       | of the debtors and another  | Type of NONPRIORITY unsecure                                  | ed claim:  |             |                             |  |
|                   |  | is claim is for a community   | ☐ Student loans   |            |             |                             |  |
|                   | debt   | bject to offset?  | Obligations arising out of a sep<br>report as priority claims | aration ag | reement     | or divorce that you did not |  |
|                   | ■ No   |   | Debts to pension or profit-shari                              | ng plans.  | and other   | similar debts               |  |
|                   | □ Yes  |   | ■ Other. Specify CREDIT CA                                    | •          |             |                             |  |
|                   |  |   | Other. Specify  |            |             |                             | _  |
| Part 3:           | List Other   | s to Be Notified About a Debt   | That You Already Listed                                       |            |             |                             |  |
| is tryi<br>have ı | ng to collect from more than one or ed for any debts | om you for a debt you owe to some                                       |   | n Parts 1  | or 2, the   | n list the collection agenc | y here. Similarly, if you                    |
|                   |  |   | . This information is for statistical                         | reporting  | purpose     | es only. 28 U.S.C. §159. Ad | ld the amounts for each                      |
| type o            | of unsecured cla                                     | aim.  |   |            |             |                             |  |
|                   | Co   | Demostic compart chlimaticus  |   | 60         | •           | Total Claim                 |  |
| Total             | 6a.  | Domestic support obligations  |   | 6a.        | \$          | 0.00                        | <u> </u>                                     |
| claims            | urt 1 6h   | Tayon and partain other debts w   | au awa tha gayarnmant   | 6h         | œ.          | 0.00                        |  |
| from Pa           | ort 1 6b.<br>6c.                                     | Taxes and certain other debts you Claims for death or personal inju     | <del>-</del>  | 6b.<br>6c. | \$<br>\$    | 0.00<br>0.00                |  |
|                   | 6d.  | •   | ured claims. Write that amount here.                          | 6d.        | \$ —        | 0.00                        | _  |
|                   |  |   |   |            |             |                             |  |
|                   | 6e.  | Total Priority. Add lines 6a throug                                     | h 6d.   | 6e.        | \$          | 0.00                        | <u>.                                    </u> |
|                   |  |   |   |            |             | T. ( ) Ob. ( )              |  |
|                   | 6f.  | Student loans   |   | 6f.        | \$          | Total Claim 0.00            | )  |
| Total             |  |   |   |            |             |                             | _  |
| claims<br>from Pa | r <b>t 2</b> 6g.                                     |   | ration agreement or divorce that                              | •          | •           | 0.00                        | •  |
|                   | 6h.  | you did not report as priority cla<br>Debts to pension or profit-sharir |   | 6g.<br>6h. | \$<br>\$    | 0.00                        | _  |
|                   | 6i.  | Other. Add all other nonpriority uns                                    | -· ·  | 6i.        | \$ —        | 0.00<br>117,474.82          | _  |
|                   |  |   |   |            |             | ,                           |  |

| Debtor 1 | <b>EDWIN</b> | J RODRIGUEZ | RIVERA |
|----------|--------------|-------------|--------|
|----------|--------------|-------------|--------|

here.

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **117,474.82** 

| Fill in this infor                      | mation to identify your |                         |           |                       |
|---|-------------------------|-------------------------|-----------|-----------------------|
| Debtor 1                                | EDWIN J RODRIG          |                         |           |                       |
|   | First Name              | Middle Name             | Last Name |                       |
| Debtor 2                                |                         |                         |           |                       |
| (Spouse if, filing)                     | First Name              | Middle Name             | Last Name |                       |
| United States Bankruptcy Court for the: |                         | DISTRICT OF PUERTO RICO |           |                       |
| Case number (if known)                  |                         |                         |           | ☐ Check if this is an |
|   |                         |                         |           | amended filing        |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number | whom you have the<br>r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|-------------------|---|
| 2.1 |           |                              |   |                   |   |
|     | Name      |                              |   |                   | _                                       |
|     | Number    | Street                       |   |                   | _                                       |
|     | City      |                              | State   | ZIP Code          | _                                       |
| 2.2 |           |                              |   |                   |   |
|     | Name      |                              |   |                   | _                                       |
|     | Number    | Street                       |   |                   |   |
|     | City      |                              | State   | ZIP Code          | =                                       |
| 2.3 | •         |                              |   |                   |   |
|     | Name      |                              |   |                   | _                                       |
|     | Number    | Street                       |   |                   | _                                       |
|     | City      |                              | State   | ZIP Code          |   |
| 2.4 |           |                              |   |                   |   |
|     | Name      |                              |   |                   | _                                       |
|     | Number    | Street                       |   |                   | _                                       |
|     | City      |                              | State   | ZIP Code          |   |
| 2.5 |           |                              |   |                   |   |
|     | Name      |                              |   |                   | _                                       |
|     | Number    | Street                       |   |                   |   |
|     | City      |                              | State   | ZIP Code          | _                                       |
|     | •         |                              |   |                   |   |

| Fill in this in                  | formation to identify your  | case:   |                             |  |   |
|----------------------------------|---|---|-----------------------------|--|---|
| Debtor 1                         | EDWIN J RODRIC  | GUEZ RIVERA   |                             |  |   |
| Debtor 2                         | First Name  | Middle Name   | Last Name                   |  |   |
| (Spouse if, filing)              | First Name  | Middle Name   | Last Name                   |  |   |
| United States                    | Bankruptcy Court for the:   | DISTRICT OF PUERTO                                    | RICO                        |  |   |
| Case number                      | r   |   |                             |  |   |
| (if known)                       |   |   |                             |  | <ul><li>Check if this is an<br/>amended filing</li></ul>  |
| Official F                       | Form 106H   |   |                             |  |   |
| Schedu                           | le H: Your Cod  | ebtors  |                             |  | 12/15   |
| fill it out, and<br>your name ar |   | boxes on the left. Attach<br>. Answer every question. | the Additional Page to      | this page. On the top  | eded, copy the Additional Page,<br>of any Additional Pages, write                                   |
|                                  | a nave any obacotors. (ii   | you are ming a joint odoe, o                          | to not not chiner operate a | o a coaction.  |   |
| □ No<br>■ Yes                    |   |   |                             |  |   |
|                                  | the last 8 years, have you<br>California, Idaho, Louisiana  |   |                             |  | states and territories include  |
| ☐ No. Go                         | o to line 3.  |   |                             |  |   |
| Yes. D                           | oid your spouse, former spo   | use, or legal equivalent live                         | with you at the time?       |  |   |
|                                  | No  |   |                             |  |   |
|                                  | Yes.  |   |                             |  |   |
|                                  | In which community state CASANDRA A. CAB URB. VENUS GARDI AC-19 CALLE TAMA SAN JUAN, PR 0092 Name of your spouse, former sp Number, Street, City, State & Zig | ENS<br>ULIPA<br>6<br>ouse, or legal equivalent        | Puerto Rico                 | Fill in the name and   | current address of that person.   |
| in line 2                        | again as a codebtor only i<br>6D), Schedule E/F (Official   | f that person is a guarant                            | or or cosigner. Make su     | ire you have listed the  | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
|                                  | Jumn 1: Your codebtor<br>ne, Number, Street, City, State and Z  | P Code  |                             | Column 2: The cred<br>Check all schedules                        | itor to whom you owe the debt that apply:   |
| UR<br>AC                         | ASANDRA A. CABALLE<br>RB. VENUS GARDENS<br>C-19 CALLE TAMAULIP<br>IN JUAN, PR 00926   |   |                             | ■ Schedule D, line □ Schedule E/F, I □ Schedule G EMI- EQUITY MO | ine   |

| Fill               | in this information to identify your ca  | ase:   |                           |                 |                       |                |   |                               |                     |                       |                 |
|--------------------|--|--|---------------------------|-----------------|-----------------------|----------------|---|-------------------------------|---------------------|-----------------------|-----------------|
|                    |  | DRIGUEZ RIVERA   |                           |                 |                       |                |   |                               |                     |                       |                 |
|                    | otor 2   |  |                           |                 |                       |                |   |                               |                     |                       |                 |
| Uni                | ted States Bankruptcy Court for the  | DISTRICT OF PUERT                                      | O RICO                    |                 |                       | _              |   |                               |                     |                       |                 |
|                    | se number<br>nown)   |  |                           |                 |                       |                | Check if this is:  An amende  A supplement  | ed filing<br>ent sho          | owing p             |                       |                 |
| $\bigcirc$         | fficial Form 106I  |  |                           |                 |                       |                | 13 income   |                               | he follov           | wing date:            |                 |
|                    | chedule I: Your Inc  | nme  |                           |                 |                       |                | MM / DD/ Y  | YYY                           |                     |                       | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. On the complex | are married and not filir<br>r spouse is not filing wi | ng jointly,<br>th you, do | and your s      | spouse i<br>de inforr | s liv<br>natio | ing with you, included in the | ude in<br>ouse. I             | formati             | ion about<br>space is | your<br>needed, |
| 1.                 | Fill in your employment information.   | ent  |                           | Debtor 1        |                       |                | Debtor 2  | Debtor 2 or non-filing spouse |                     |                       |                 |
|                    | If you have more than one job,   | Francisco estatua                                      | ■ Empl                    | oyed            |                       |                | ☐ Emplo   | ☐ Employed                    |                     |                       |                 |
|                    | attach a separate page with information about additional   | Employment status                                      | ☐ Not e                   | mployed         |                       |                | ☐ Not e   | mploy                         | ed                  |                       |                 |
|                    | employers.   | Occupation   | LINE AUXILIARY TECHNICIAN |                 |                       | IAN            |   |                               |                     |                       |                 |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name  | LUMA I                    | ENERGY,         | , LLC                 |                |   |                               |                     |                       |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                     | JUNCO<br>SUITE            | _               |                       |                |   |                               |                     |                       |                 |
|                    |  | How long employed the                                  | nere?                     | 15 YEA<br>PREPA | •                     | CE             |   |                               |                     |                       |                 |
| Par                | t 2: Give Details About Mor  | thly Income  |                           |                 |                       |                |   |                               |                     |                       |                 |
|                    | mate monthly income as of the dause unless you are separated.  | ate you file this form. If $y$                         | ou have n                 | othing to re    | eport for a           | any l          | ine, write \$0 in the   | space                         | e. Includ           | le your nor           | n-filing        |
|                    | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |  | mbine the                 | informatior     | n for all e           | mplo           | oyers for that perso  | n on t                        | he lines            | below. If             | you need        |
|                    |  |  |                           |                 |                       |                | For Debtor 1  |                               | r Debto<br>n-filing | r 2 or<br>spouse      |                 |
| 2.                 | List monthly gross wages, salad deductions). If not paid monthly, or   |  |                           |                 | 2.                    | \$             | 4,155.59  | \$_                           |                     | N/A                   |                 |
| 3.                 | Estimate and list monthly overti   | me pay.  |                           |                 | 3.                    | +\$            | 0.00  | +\$                           |                     | N/A                   |                 |
| 4.                 | Calculate gross Income. Add lin  | e 2 + line 3.  |                           |                 | 4.                    | \$             | 4,155.59  | \$                            | i                   | N/A                   |                 |

|     |  |   |                   |     | For I                   | Debtor 1       |  | For                      | Debtor     | 2 or                                   |           |
|-----|--|---|-------------------|-----|-------------------------|----------------|--|--------------------------|------------|--|-----------|
|     |  |   |                   |     |                         |                |  |                          | n-filing s | pouse                                  |           |
|     | Copy                                   | y line 4 here   | 4.                |     | \$                      | 4,155.         | 59                                     | \$_                      |            | N/A                                    | <u>\</u>  |
| 5.  | l ict :                                | all payroll deductions:   |                   |     |                         |                |  |                          |            |  |           |
| J.  |  |   | _                 |     | •                       |                |  | •                        |            |  |           |
|     | 5a.                                    | Tax, Medicare, and Social Security deductions   | 5a.               |     | \$                      | 737.           |  | \$_                      |            | N/A                                    |           |
|     | 5b.                                    | Mandatory contributions for retirement plans  | 5b.               |     | \$                      |                | 00                                     | \$_                      |            | N/A                                    | _         |
|     | 5c.                                    | Voluntary contributions for retirement plans  | 5c.               |     | \$                      |                | 00                                     | \$_                      |            | N/A                                    | _         |
|     | 5d.                                    | Required repayments of retirement fund loans  | 5d.               |     | \$                      |                | 00                                     | \$_                      |            | N/A                                    | _         |
|     | 5e.                                    | Insurance   | 5e.               |     | \$                      |                | 00                                     | \$_                      |            | N/A                                    | _         |
|     | 5f.                                    | Domestic support obligations  | 5f.               |     | \$                      |                | 00                                     | \$_                      |            | N/A                                    | _         |
|     | 5g.                                    | Union dues  | 5g.               |     | \$                      | 37.            | _                                      |                          |            | N/A                                    | _         |
|     | 5h.                                    | Other deductions. Specify: CHAUFFER INSURANCE   | 5h.               | .+  | \$                      | 2.             | 17                                     | + \$_                    |            | N/A                                    | <u>\</u>  |
| 6.  |  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                | ;   | \$                      | 778.           |  | \$_                      |            | N/A                                    | _         |
| 7.  | Calc                                   | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                | ;   | \$                      | 3,377.         | 53                                     | \$                       |            | N/A                                    | <u>\</u>  |
| 8.  | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f. | All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:  CHRISTMAS BONUS | 8c.<br>8d.<br>8e. |     | \$<br>\$ \$<br>\$ \$ \$ | 0.<br>0.<br>0. | 00<br>00<br>00<br>00<br>00<br>00<br>00 | \$<br>\$<br>\$\$<br>+ \$ |            | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A |           |
| 9.  | Add                                    | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                | \$  | S                       | 45.            | 00                                     | \$_                      |            | N/                                     | Α         |
|     |  |   | _                 |     |                         |                | $\dashv$                               |                          |            |  |           |
| 10. | Calc                                   | ulate monthly income. Add line 7 + line 9.  | 10.               | \$  | 3                       | ,422.53        | <b>-</b> \$                            |                          | N/A        | = \$                                   | 3,422.53  |
|     | Add t                                  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                   |     |                         |                |  |                          |            |  |           |
|     | Include other Do not Spec              |   | depe<br>availa    | ble | to pa                   | ay expense     | s list                                 | ed in S                  | 11.        | ∍ J.<br>+\$                            | 0.00      |
| 12. |  | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certa es   |                   |     |                         |                |  |                          | 12.        | \$                                     | 3,422.53  |
|     |  |   |                   |     |                         |                |  |                          |            | Combi                                  |           |
| 13. | Do y∙                                  | ou expect an increase or decrease within the year after you file this form No. Yes. Explain:  | ?                 |     |                         |                |  |                          |            | month                                  | ly income |

| Fill      | in this information to identify your case:   |  |                                      |   |   |
|-----------|--|--|--------------------------------------|---|---|
| Deb       | etor 1 EDWIN J RODRIGUEZ RIVERA  |  | Chec                                 | ck if this is:  |   |
|           | otor 2<br>Duse, if filing)   |  |                                      | An amended filing<br>A supplement show<br>13 expenses as of | ving postpetition chapter the following date:     |
| Unit      | ed States Bankruptcy Court for the: DISTRICT OF PUERTO RICO  | )  |                                      | MM / DD / YYYY  |   |
| Cas       | e number   |  |                                      |   |   |
|           | nown)  |  |                                      |   |   |
|           | fficial Form 106J  |  |                                      |   |   |
|           | chedule J: Your Expenses   | filipp to poth on h                                    | -41                                  |   | 12/15   |
| info      | as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to the nber (if known). Answer every question. |  |                                      |   |   |
| Par<br>1. | t 1: Describe Your Household Is this a joint case?   |  |                                      |   |   |
|           | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?  |  |                                      |   |   |
|           | . □ No □ Yes. Debtor 2 must file Official Form 106J-2, <i>Expen</i>  | ses for Separate House                                 | ehold of Deb                         | tor 2.  |   |
| 2.        | Do you have dependents? ■ No   |  |                                      |   |   |
|           | Do not list Debtor 1 and Debtor 2.   | •  |                                      | Dependent's age   | Does dependent live with you?                     |
|           | Do not state the dependents names.   |  |                                      |   | □ No □ Yes  |
|           | aspondono namos.   |  |                                      |   | □ No  |
|           |  |  |                                      |   | ☐ Yes<br>☐ No                                     |
|           |  |  |                                      |   | ☐ No<br>☐ Yes                                     |
|           |  |  |                                      |   | □ No  |
| 2         | De verre comences include  |  |                                      |   | ☐ Yes   |
| 3.        | Do your expenses include expenses of people other than yourself and your dependents?   ■ No □ Yes  |  |                                      |   |   |
|           | t 2: Estimate Your Ongoing Monthly Expenses  |  |                                      |   |   |
| exp       | imate your expenses as of your bankruptcy filing date unles<br>senses as of a date after the bankruptcy is filed. If this is a solicable date.                     | ss you are using this f<br>upplemental <i>Schedule</i> | orm as a su<br>e <i>J</i> , check th | pplement in a Cha<br>ne box at the top o                    | pter 13 case to report f the form and fill in the |
|           | lude expenses paid for with non-cash government assistand value of such assistance and have included it on Schedule  |  |                                      |   |   |
| (Of       | ficial Form 106l.)   |  |                                      | Your expo   | enses   |
| 4.        | The rental or home ownership expenses for your residence payments and any rent for the ground or lot.  | e. Include first mortgag                               | e<br>4. \$                           | S   | 653.00  |
|           | If not included in line 4:   |  |                                      |   |   |
|           | 4a. Real estate taxes  |  | 4a. \$                               | 3   | 0.00  |
|           | 4b. Property, homeowner's, or renter's insurance   |  | 4b. \$                               |   | 0.00  |
|           | <ul><li>4c. Home maintenance, repair, and upkeep expenses</li><li>4d. Homeowner's association or condominium dues</li></ul>  |  | 4c. \$<br>4d. \$                     |   | 70.00<br>0.00                                     |
| 5.        | Additional mortgage payments for your residence, such as   | home equity loans                                      | 5. \$                                |   | 0.00  |

| ebtor 1                 | EDWIN J RODRIGUEZ RIVERA   | Case num     | ber (if known) |                          |
|-------------------------|--|--------------|----------------|--------------------------|
| 14!1                    |  |              | _              |                          |
| 6. <b>Util</b> i<br>6a. | ities: Electricity, heat, natural gas  | 6a.          | \$             | 160.00                   |
| 6b.                     | Water, sewer, garbage collection   | 6b.          |                | 50.00                    |
| 6c.                     | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | \$             | 200.00                   |
| 6d.                     | Other. Specify: <b>LIQUID GAS</b>  | 6d.          | ·              | 60.00                    |
|                         |  |              | ·              |                          |
|                         | d and housekeeping supplies  | 7.           | \$             | 500.53                   |
|                         | dcare and children's education costs   | 8.           | \$             | 0.00                     |
|                         | thing, laundry, and dry cleaning   | 9.           | \$             | 95.00                    |
|                         | sonal care products and services   | 10.          | \$             | 33.00                    |
|                         | lical and dental expenses  | 11.          | \$             | 40.00                    |
|                         | nsportation. Include gas, maintenance, bus or train fare.  | 12.          | \$             | 190.00                   |
|                         | not include car payments.  |              | ·              |                          |
|                         | ertainment, clubs, recreation, newspapers, magazines, and books  | 13.          | \$             | 50.00                    |
|                         | ritable contributions and religious donations  | 14.          | \$             | 5.00                     |
|                         | Irance.  |              |                |                          |
|                         | not include insurance deducted from your pay or included in lines 4 or 20.  Life insurance   | 15a.         | ¢              | 0.00                     |
|                         | . Life insurance   | 15a.<br>15b. | · -            | 0.00                     |
|                         |  |              | ·              | 0.00                     |
|                         | Vehicle insurance  | 15c.         |                | 75.00                    |
|                         | Other insurance. Specify:  | 15d.         | \$             | 0.00                     |
|                         | es. Do not include taxes deducted from your pay or included in lines 4 or 20.  | 40           | •              | 2.22                     |
| Spe                     |  | 16.          | \$             | 0.00                     |
|                         | allment or lease payments:  Car payments for Vehicle 1   | 17a.         | ¢              | 404.00                   |
|                         | • •  |              | ·              | 491.00                   |
|                         | . Car payments for Vehicle 2   | 17b.         | ·              | 0.00                     |
|                         | Other. Specify:  | 17c.         | ·              | 0.00                     |
|                         | Other. Specify:  | 17d.         | \$             | 0.00                     |
|                         | r payments of alimony, maintenance, and support that you did not report as<br>ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). |              | \$             | 400.00                   |
|                         | er payments you make to support others who do not live with you.   |              | \$             | 0.00                     |
|                         | cify:  | 19.          | <u> </u>       | 0.00                     |
|                         | er real property expenses not included in lines 4 or 5 of this form or on Scho   | edule I: Yo  | our Income.    |                          |
|                         | . Mortgages on other property  | 20a.         |                | 0.00                     |
| 20b                     | . Real estate taxes  | 20b.         | \$             | 0.00                     |
| 20c                     | Property, homeowner's, or renter's insurance   | 20c.         | \$             | 0.00                     |
|                         | . Maintenance, repair, and upkeep expenses   | 20d.         | · .            | 0.00                     |
|                         | . Homeowner's association or condominium dues  | 20e.         | ·              | 0.00                     |
|                         | er: Specify:   | 21.          | ·              | 0.00                     |
| . Ош                    | er. Opecity.   |              | ΤΨ             | 0.00                     |
| 2. <b>Cal</b>           | culate your monthly expenses   |              |                |                          |
| 22a                     | . Add lines 4 through 21.  |              | \$             | 3,072.53                 |
| 22b                     | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             |                          |
|                         | Add line 22a and 22b. The result is your monthly expenses.   |              | \$             | 3,072.53                 |
|                         |  |              |                | 0,072.00                 |
|                         | culate your monthly net income.  |              |                |                          |
|                         | . Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | ·              | 3,422.53                 |
| 23b                     | . Copy your monthly expenses from line 22c above.  | 23b.         | -\$            | 3,072.53                 |
|                         |  |              |                |                          |
| 23c                     | Subtract your monthly expenses from your monthly income.   | 23c.         | \$             | 350.00                   |
|                         | The result is your monthly net income.   | 230.         | L <b>Ψ</b>     | 000.00                   |
| 4 Do                    | you expect an increase or decrease in your expenses within the year after yo   | ou file this | form?          |                          |
|                         | example, do you expect to finish paying for your car loan within the year or do you expect you   |              |                | or decrease because of a |
|                         | ification to the terms of your mortgage?   | 3-3-1        |                |                          |
|                         | No.  |              |                |                          |
|                         |  |              |                |                          |

| Fill in th  | nis information to identify you                                   | rase:                      |                              |                           |                      |
|-------------|---|----------------------------|------------------------------|---------------------------|----------------------|
| Debtor 1    |   |                            |                              |                           |                      |
| Dobto:      | First Name  | Middle Name                | Last Name                    |                           |                      |
| Debtor 2    | 2   |                            |                              |                           |                      |
| (Spouse if, | filing) First Name  | Middle Name                | Last Name                    |                           |                      |
| United S    | States Bankruptcy Court for the:                                  | DISTRICT OF PUERT          | O RICO                       |                           |                      |
| Case nu     | ımber   |                            |                              |                           |                      |
| (if known)  |   |                            |                              | ☐ Ch                      | neck if this is an   |
|             |   |                            |                              | an                        | nended filing        |
|             | <u>al Form 106Dec</u><br>laration About :                         | an Individua               | l Debtor's Scl               | hedules                   | 12/15                |
| yeurs, er   | r both. 18 U.S.C. §§ 152, 1341,  Sign Below                       | 1010, unu 0071.            |                              |                           |                      |
| Dic         | d you pay or agree to pay som                                     | eone who is NOT an atto    | rney to help you fill out ba | nkruptcy forms?           |                      |
| -           | No  |                            |                              |                           |                      |
| П           | Yes. Name of person   |                            |                              | Attach Bankruptcy Petitio | n Preparer's Notice. |
| _           |   |                            |                              | Declaration, and Signatur |                      |
|             | der penalty of perjury, I declare<br>t they are true and correct. | e that I have read the sur | nmary and schedules filed    | with this declaration and |                      |
| Х           | /s/ EDWIN J RODRIGUEZ   | RIVERA                     | X                            |                           |                      |
|             | EDWIN J RODRIGUEZ RIV   |                            | Signature of D               | Debtor 2                  |                      |
|             | Signature of Debtor 1   |                            |                              |                           |                      |
|             | Date <b>June 26, 2023</b>   |                            | Date                         |                           |                      |
|             |   |                            |                              |                           |                      |

|                   |                            | nation to identify you                         |   |   |   |   |
|-------------------|----------------------------|--|---|---|---|---|
| De                | btor 1                     | EDWIN J RODRI<br>First Name                    | GUEZ RIVERA  Middle Name  | Last Name   |   |   |
| 1 -               | btor 2<br>ouse if, filing) | First Name                                     | Middle Name   | Last Name   |   |   |
| Un                | ited States Ba             | nkruptcy Court for the:                        | DISTRICT OF PUERTO  | RICO  |   |   |
|                   | se number _                |  |   |   |   | ☐ Check if this is an                               |
|                   |                            |  |   |   |   | amended filing                                      |
| $\bigcirc$        | fficial Fo                 | rm 107   |   |   |   |   |
|                   |                            |  | Affairs for Individ   | duals Filing for E                                    | Bankruptcy                                | 04/2  |
| Ве                | as complete a              | and accurate as possi                          | ble. If two married people a  | are filing together, both are                         | equally responsible                       |   |
|                   |                            | iore space is needed,<br>n). Answer every ques | attach a separate sheet to stion.   | this form. On the top of an                           | y additional pages, w                     | rite your name and case                             |
|                   |                            | , , , ,  | rital Status and Where You  | Lived Refore  |   |   |
|                   |                            |  |   | Liveu Deloie  |   |   |
| 1.                | wnat is you                | r current marital statu                        | IS?   |   |   |   |
|                   | ■ Married □ Not mar        |  |   |   |   |   |
| 2.                | During the la              | ast 3 years, have you                          | lived anywhere other than   | where you live now?                                   |   |   |
|                   | □ No                       |  |   |   |   |   |
|                   | Yes. Lis                   | st all of the places you l                     | ived in the last 3 years. Do no   | ot include where you live nov                         | ٧.  |   |
|                   | Debtor 1:                  |  | Dates Debtor 1  | Debtor 2 Prior Ad                                     | ldress:                                   | Dates Debtor 2                                      |
|                   | AC-19 CA                   | US GARDENS<br>LLE TAMAULIPA<br>N, PR 00926     | From-To: AUGUST 2020 DECEMBER 2   |   | 1   | ☐ Same as Debtor 1 From-To:                         |
| <b>3.</b><br>stat | tes and territor           | <i>ies</i> include Árizona, Ca                 | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Ne<br>medule H: Your Codebtors (Ol | vada, New Mexico, Puerto R                            |   | territory? (Community property<br>n and Wisconsin.) |
|                   | 100.1VIC                   | and sure you mir out oor                       | icadic II. Tour Coacsiors (Ci   | morar i omi room,                                     |   |   |
| Pa                | rt 2 Explai                | in the Sources of You                          | r Income  |   |   |   |
| 4.                | Fill in the tota           | al amount of income yo                         | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive    | all businesses, including part                        | -time activities.                         | us calendar years?                                  |
|                   | □ No                       |  |   |   |   |   |
|                   | Yes. Fill                  | l in the details.                              |   |   |   |   |
|                   |                            |  | Debtor 1  |   | Debtor 2                                  |   |
|                   |                            |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply |   |

|  |                                     |  | Debtor 1   | Debtor 2   |  |                                    |   |  |  |  |  |
|--|-------------------------------------|--|--|--|--|------------------------------------|---|--|--|--|--|
| From January 1 of current year until                                   |                                     |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of inco  |                                    | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |
|  |                                     |  | ■ Wages, commissions, bonuses, tips  |  |  |                                    |   |  |  |  |  |
|  |                                     |  | ☐ Operating a business   |  | ☐ Operating a b  | ousiness                           |   |  |  |  |  |
| For last calendar year:<br>(January 1 to December 31, 2022)            |                                     |  | ■ Wages, commissions, bonuses, tips  | \$63,804.00  | ☐ Wages, commissions, bonuses, tips                              |                                    |   |  |  |  |  |
|  |                                     |  | ☐ Operating a business   |  | ☐ Operating a b  | ousiness                           |   |  |  |  |  |
| For the calendar year before that:<br>(January 1 to December 31, 2021) |                                     |  | ■ Wages, commissions, bonuses, tips  | \$65,101.00  | ☐ Wages, commonute bonuses, tips                                 | nissions,                          |   |  |  |  |  |
|  |                                     |  | ☐ Operating a business   |  | ☐ Operating a b  | ousiness                           |   |  |  |  |  |
| and other winnings.  List each   | public benef<br>If you are fili     | fit payments;  <br>ng a joint cas<br>he gross inco   | er that income is taxable. Exa<br>pensions; rental income; intere<br>e and you have income that y<br>me from each source separat   | est; dividends; money collection received together, list it o  | ted from lawsuits; renly once under De                           | oyalties; and<br>btor 1.           |   |  |  |  |  |
|  |                                     |  | Debtor 1   |  | Debtor 2   |                                    |   |  |  |  |  |
|  |                                     |  | Sources of income Describe below.  | Gross income from each source (before deductions and exclusions)   | Sources of inco  |                                    | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |
| Part 3: Lis  | t Certain Pa                        | yments You   | Made Before You Filed for E  | Bankruptcy   |  |                                    |   |  |  |  |  |
| 6. Are eithe □ No.   | Neither Deindividual puring the No. | ebtor 1 nor D<br>primarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include   | s debts primarily consumer ebtor 2 has primarily consupersonal, family, or householder you filed for bankruptcy, did a characteristic to whom you paid editor. Do not include payment payments to an attorney for the on 4/01/25 and every 3 years | mer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$7,575* or more its for domestic support obliguis bankruptcy case. | I of \$7,575* or mor<br>n one or more pay<br>ations, such as chi | e?<br>ments and th<br>ld support a | ne total amount you<br>nd alimony. Also, do           |  |  |  |  |
| ■ Yes.   |                                     | btor 1 or Debtor 2 or both have primarily consumer debts. ring the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |  |  |  |                                    |   |  |  |  |  |
|  | ■ No. □ Yes                         |  |  |  |  |                                    |   |  |  |  |  |
| Creditor   | 's Name and                         | d Address  | Dates of payme   | nt Total amount paid   | Amount you still owe   | Was this p                         | payment for   |  |  |  |  |
|  |                                     |  |  | paid   | J 0110   |                                    |   |  |  |  |  |

| 7.     | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.       | artners<br>contr | s; relatives of any gen<br>ol, or owner of 20% o | eral partners; partner<br>r more of their voting | erships of wig<br>g securities; | hich you are<br>and any ma | a general<br>anaging ag  | partner; corporation ent, including one fo |  |  |  |
|--------|---|------------------|--|--|---------------------------------|----------------------------|--------------------------|--|--|--|--|
|        | ■ No  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | ☐ Yes. List all payments to an insider.   |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | Insider's Name and Address  | Da               | tes of payment                                   | Total amount paid                                | Amount still                    | you Rea                    | ason for t               | his payment                                |  |  |  |
| В.     | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | ■ No  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | ☐ Yes. List all payments to an insider  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | Insider's Name and Address  | Da               | tes of payment                                   | Total amount paid                                | Amount still                    |                            | ason for the lude credit | <b>his payment</b><br>or's name            |  |  |  |
| Pai    | rt 4: Identify Legal Actions, Repossession  | ns, ar           | d Foreclosures                                   |  |                                 |                            |                          |  |  |  |  |
| 9.     | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes.  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | ■ No □ Yes. Fill in the details.  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | Case title Case number  | Na               | ture of the case                                 | Court or agency                                  |                                 | Sta                        | atus of the              | case                                       |  |  |  |
|        |   |                  |  |  |                                 |                            |                          |  |  |  |  |
| 10.    | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.                      |                  |  |  |                                 |                            |                          |  |  |  |  |
| i<br>I | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | Creditor Name and Address   | De               | Describe the Property                            |  |                                 | Date                       |                          | Value of the property                      |  |  |  |
|        |   | Ex               | plain what happened                              | I  |                                 |                            |                          |  |  |  |  |
| 11.    | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?          |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | ■ No □ Yes. Fill in the details.  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | Creditor Name and Address   | De               | scribe the action the                            | creditor took                                    |                                 | Date actio taken           | n was                    | Amount                                     |  |  |  |
| 12.    | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a   |                  |  | erty in the possess                              | ion of an as                    | ssignee for                | the benef                | it of creditors, a                         |  |  |  |
|        | ■ No  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | ☐ Yes   |                  |  |  |                                 |                            |                          |  |  |  |  |
| Pai    | rt 5: List Certain Gifts and Contributions  |                  |  |  |                                 |                            |                          |  |  |  |  |
| 13.    | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | ■ No  |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | ☐ Yes. Fill in the details for each gift.   |                  |  |  |                                 |                            |                          |  |  |  |  |
|        | Gifts with a total value of more than \$600 per person  |                  | Describe the gifts                               |  |                                 | Dates you the gifts        | gave                     | Value                                      |  |  |  |
|        | Person to Whom You Gave the Gift and  |                  |  |  |                                 |                            |                          |  |  |  |  |

Debtor 1 EDWIN J RODRIGUEZ RIVERA

Person's relationship to you

Debtor 1 EDWIN J RODRIGUEZ RIVERA

| 19. | Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote ■ No □ Yes. Fill in the details.              |   | y property to a            | self-settle | ed trust or similar device                                    | e of which you are a                  | ı  |
|-----|---|---|----------------------------|-------------|---|---------------------------------------|----|
|     | Name of trust   | Description and v   | alue of the prop           | perty tran  | sferred   | Date Transfer wa                      | as |
| Par | List of Certain Financial Accounts, Instr   | uments, Safe Deposit  | Boxes, and St              | orage Uni   | its   |                                       |    |
| 20. | Within 1 year before you filed for bankruptcy,  | were anv financial ac   | counts or instri           | uments he   | eld in vour name, or for                                      | vour benefit. closed                  | i. |
|     | sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa                        | other financial accour  | nts; certificates          | of depos    |   |                                       |    |
|     | ■ No □ Yes. Fill in the details.  |   |                            |             |   |                                       |    |
|     |   | act 4 digits of   | Type of sees               | int or      | Data account was  | l act balan                           |    |
|     |   | ast 4 digits of account number                                      | Type of account instrument | int of      | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balan<br>before closing<br>trans | or |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?  | ar before you filed for   | bankruptcy, ar             | ny safe de  | eposit box or other depo                                      | sitory for securities                 | i, |
|     | ■ No □ Yes. Fill in the details.  |   |                            |             |   |                                       |    |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, State and ZIP Code)            |                            | Describe    | the contents  | Do you still have it?                 |    |
| 22. | Have you stored property in a storage unit or   | place other than your   | home within 1              | year befo   | ore you filed for bankrup                                     | tcy?                                  |    |
|     | No  |   |                            |             |   |                                       |    |
|     | Yes. Fill in the details.   |   |                            |             |   |                                       |    |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code) |                            | Describe    | the contents  | Do you still have it?                 |    |
| Par | 19: Identify Property You Hold or Control fo  | r Someone Else  |                            |             |   |                                       |    |
| 23. | Do you hold or control any property that some for someone.  | eone else owns? Inclu   | ıde any propert            | ty you bor  | rrowed from, are storing                                      | for, or hold in trust                 | t  |
|     | ■ No □ Yes. Fill in the details.  |   |                            |             |   |                                       |    |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)              |                            | Describe    | the property  | Val                                   | ue |
| Par | 110: Give Details About Environmental Inform  | nation  |                            |             |   |                                       |    |
| For | the purpose of Part 10, the following definition  | s apply:  |                            |             |   |                                       |    |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these si | air, land, soil, surface  | water, ground              |             |   |                                       | or |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including disposa  | s defined under any e   |                            | aw, wheth   | ner you now own, opera  | te, or utilize it or us               | ed |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| 24. | Has   | any governmental unit notified you that   | you may be liable or potentially liab                                    | le un   | der or in violation of an environme                                | ntal law?          |  |  |  |
|-----|-------|---|--|---------|--|--------------------|--|--|--|
|     |       | No<br>Yes. Fill in the details.   |  |         |  |                    |  |  |  |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)                    | Governmental unit<br>Address (Number, Street, City, State &<br>ZIP Code) | and     | Environmental law, if you know it                                  | Date of notice     |  |  |  |
| 25. | Hav   | e you notified any governmental unit of a   | ny release of hazardous material?  |         |  |                    |  |  |  |
|     |       | No<br>Yes. Fill in the details.   |  |         |  |                    |  |  |  |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)                    | Governmental unit<br>Address (Number, Street, City, State &<br>ZIP Code) | and     | Environmental law, if you know it                                  | Date of notice     |  |  |  |
| 26. | Hav   | e you been a party in any judicial or admi  | inistrative proceeding under any en                                      | viron   | nmental law? Include settlements a                                 | nd orders.         |  |  |  |
|     |       | No<br>Yes. Fill in the details.   |  |         |  |                    |  |  |  |
|     |       | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Na      | ature of the case  | Status of the case |  |  |  |
| Par | t 11: | Give Details About Your Business or C   | onnections to Any Business   |         |  |                    |  |  |  |
| 27. | With  | nin 4 years before you filed for bankruptc  | y, did you own a business or have a                                      | any o   | of the following connections to any                                | business?          |  |  |  |
|     |       | ☐ A sole proprietor or self-employed in   | a trade, profession, or other activit                                    | y, eit  | her full-time or part-time   |                    |  |  |  |
|     |       | ☐ A member of a limited liability compa   | ny (LLC) or limited liability partners                                   | ship (  | (LLP)  |                    |  |  |  |
|     |       | ☐ A partner in a partnership  |  |         |  |                    |  |  |  |
|     |       | ☐ An officer, director, or managing exe   | cutive of a corporation  |         |  |                    |  |  |  |
|     |       | ☐ An owner of at least 5% of the voting or equity securities of a corporation     |  |         |  |                    |  |  |  |
|     |       | No. None of the above applies. Go to Pa   | art 12.  |         |  |                    |  |  |  |
|     |       | Yes. Check all that apply above and fill i  | n the details below for each busine                                      | ss.     |  |                    |  |  |  |
|     |       | siness Name<br>dress  | Describe the nature of the business                                      | s       | Employer Identification number<br>Do not include Social Security r |                    |  |  |  |
|     |       |   | Name of accountant or bookkeeper   | r       | Dates business existed   |                    |  |  |  |
| 28. |       | nin 2 years before you filed for bankrupto itutions, creditors, or other parties. | y, did you give a financial statemen                                     | it to a | anyone about your business? Inclu                                  | de all financial   |  |  |  |
|     |       | No<br>Yes. Fill in the details below.   |  |         |  |                    |  |  |  |
|     |       | me<br>dress<br>mber, Street, City, State and ZIP Code)                            | Date Issued  |         |  |                    |  |  |  |
|     |       |   |  |         |  |                    |  |  |  |

| Part 12: Sign Below  |  |   |
|--|--|---|
|  | a false statement, concealing property, or     | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
| /s/ EDWIN J RODRIGUEZ RIVERA   |  |   |
| EDWIN J RODRIGUEZ RIVERA<br>Signature of Debtor 1                        | Signature of Debtor 2                          |   |
| Date _June 26, 2023  | Date   |   |
| Did you attach additional pages to <i>Your Stater</i> .<br>■ No<br>□ Yes | nent of Financial Affairs for Individuals Fili | ng for Bankruptcy (Official Form 107)?  |
| Did you pay or agree to pay someone who is n                             | ot an attorney to help you fill out bankrupto  | cy forms?   |
| ■ No   |  | •   |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case number (if known)

Debtor 1 EDWIN J RODRIGUEZ RIVERA

| Fill in this inforn             | nation to identify your case:                     |
|---------------------------------|---|
| Debtor 1                        | EDWIN J RODRIGUEZ RIVERA                          |
| Debtor 2<br>(Spouse, if filing) |   |
| United States B                 | Bankruptcy Court for the: District of Puerto Rico |
| Case number<br>(if known)       |   |

| Check | as directed in lines 17 and 21:                                      |  |  |  |  |  |
|-------|--|--|--|--|--|--|
|       | According to the calculations required by this Statement:            |  |  |  |  |  |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |
|       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |
|       | 3. The commitment period is 3 years.                                 |  |  |  |  |  |
|       | 4. The commitment period is 5 years.                                 |  |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ☐ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 2 or Debtor 1 non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 4,155.59 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

|        |  |   |   |  | Column A Debtor 1 |             | Column B Debtor 2 non-filing | or        |                             |
|--------|--|---|---|--|-------------------|-------------|------------------------------|-----------|-----------------------------|
| 7.     | Interest. d  | lividends, and royalties  |   |  | \$                | 0.00        | \$                           | 0.00      |                             |
|        | •  | ment compensation   |   |  | \$                | 0.00        | \$                           | 0.00      |                             |
|        |  | er the amount if you contend that the amo<br>Security Act. Instead, list it here:   | ount received was a benef   | it under                                   |                   |             |                              |           |                             |
|        | For you  |   | \$0.  | 00   |                   |             |                              |           |                             |
|        | For you  | r spouse  | <b>\$</b> 0.  | 00   |                   |             |                              |           |                             |
| <br>   | benefit und<br>not include<br>United Sta<br>disability, d<br>pay paid u<br>does not e  | or retirement income. Do not include any der the Social Security Act. Also, except a eany compensation, pension, pay, annuit ites Government in connection with a disapproper death of a member of the uniformed seen the chapter 61 of title 10, then include the exceed the amount of retired pay to which ander any provision of title 10 other than chapter 61. | as stated in the next sente<br>y, or allowance paid by the<br>ability, combat-related injurvices. If you received any<br>nat pay only to the extent the<br>you would otherwise be e | nce, do<br>e<br>ry or<br>retired<br>hat it | \$                | 0.00        | \$                           | 0.00      |                             |
| 10.    | Income from the control of the contr | om all other sources not listed above. It was any benefits received under the Soci s a victim of a war crime, a crime against errorism; or compensation, pension, pay, tes Government in connection with a disapred death of a member of the uniformed sen a separate page and put the total below  | Specify the source and a<br>ial Security Act; payments<br>humanity, or international<br>annuity, or allowance paid<br>ability, combat-related injurvices. If necessary, list of     | or<br>d by the<br>ry or                    |                   |             |                              |           |                             |
|        | _  |   |   |  | \$                | 0.00        | \$                           | 0.00      |                             |
|        | _  |   |   |  | \$                | 0.00        | \$                           | 0.00      |                             |
|        | T  | otal amounts from separate pages, if any  |   | +  | \$                | 0.00        | \$                           | 0.00      |                             |
|        |  | your total average monthly income. Aconn. Then add the total for Column A to the  |   | \$   | 4,155.59          | + \$        | 0.00                         | = \$      | 4,155.59                    |
| Part 2 | 2: Det   | ermine How to Measure Your Deduction  | ons from Income   |  |                   |             |                              |           | al average<br>inthly income |
| 12.    | Copy you   | r total average monthly income from lit<br>the marital adjustment. Check one:   | ne 11.  |  |                   |             |                              | \$        | 4,155.59                    |
|        | _  | are not married. Fill in 0 below.   |   |  |                   |             |                              |           |                             |
|        | ☐ You a  | are married and your spouse is filing with  | you. Fill in 0 below.   |  |                   |             |                              |           |                             |
|        | You a  | are married and your spouse is not filing v   | vith you.   |  |                   |             |                              |           |                             |
|        | Fill in<br>deper<br>Belov<br>adjus   | the amount of the income listed in line 11 ndents, such as payment of the spouse's v, specify the basis for excluding this incoments on a separate page.  adjustment does not apply, enter 0 below  | Column B, that was NO tax liability or the spouse's me and the amount of inc  | suppor                                     | t of someon       | e other t   | han you or yo                | ur depend | ents.                       |
|        |  | ,   |   | \$   |                   |             |                              |           |                             |
|        |  |   |   | \$   |                   |             |                              |           |                             |
|        |  |   |   | +\$  |                   |             |                              |           |                             |
|        |  | Total   |   | \$   | 0.0               | <u>00</u> c | copy here=>                  |           | 0.00                        |
| 14.    | Your cur   | rent monthly income. Subtract line 13 f   | rom line 12.  |  |                   |             |                              | \$        | 4,155.59                    |
| 15.    |  |   |   |  |                   |             |                              |           |                             |

| Debto | or 1  | ED\            | VIN J RODRIGUEZ RIVERA   |  | Case number (if known)                  |           |                   |
|-------|-------|----------------|--|--|---|-----------|-------------------|
|       |       | M              | ultiply line 15a by 12 (the number of months in  | n a year).   |   | _         | <b>x</b> 12       |
|       | 15b   | ). T           | ne result is your current monthly income for the   | e year for this part of the                        | e form                                  | \$        | 49,867.08         |
| 16    | Calc  | ulate          | the median family income that applies to   | you. Follow these steps                            | :                                       |           |                   |
|       | 16a.  | Fill i         | n the state in which you live.   | PR   |   |           |                   |
|       | 16b.  | Fill i         | n the number of people in your household.  | 1  |   |           |                   |
|       | 16c.  | To f           | n the median family income for your state and<br>nd a list of applicable median income amounts<br>uctions for this form. This list may also be ava | s, go online using the lin                         |   | \$        | 29,175.00         |
| 17.   | How   | _              | he lines compare?  |  |   |           |                   |
|       | 17a.  |                | Line 15b is less than or equal to line 16c. 0<br>11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N   |  |   |           |                   |
|       | 17b.  |                | Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> your current monthly income from line 14 a            | ulation of Your Dispos                             |   |           |                   |
| Part  | 3:    | Ca             | lculate Your Commitment Period Under 11  | U.S.C. § 1325(b)(4)                                |   |           |                   |
| 18.   | Сор   | y yo           | ur total average monthly income from line 1  | 1.   |   | \$        | 4,155.59          |
| 19.   | cont  | end t<br>ise's | ne marital adjustment if it applies. If you are hat calculating the commitment period under 1 income, copy the amount from line 13.                | married, your spouse is<br>1 U.S.C. § 1325(b)(4) a | s not filing with you, and you          |           | 0.00              |
|       | 19a.  | If the         | e marital adjustment does not apply, fill in 0 on  | line 19a.  |   | -\$       | 0.00              |
|       | 19b.  | Sub            | tract line 19a from line 18.   |  |   | \$_       | 4,155.59          |
| 20.   | Calc  | ulate          | your current monthly income for the year.  | Follow these steps:                                |   |           |                   |
|       | 20a.  | Сор            | y line 19b   |  |   | \$        | 4,155.59          |
|       |       | Mult           | iply by 12 (the number of months in a year).   |  |   | Г         | <b>x</b> 12       |
|       | 20b.  | The            | result is your current monthly income for the y  | ear for this part of the fo                        | orm                                     | \$        | 49,867.08         |
|       | 20c.  | Сор            | y the median family income for your state and  | size of household from                             | line 16c                                | \$        | 29,175.00         |
|       | 21.   | How            | do the lines compare?  |  |   |           |                   |
|       |       |                | Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.   | se ordered by the court,                           | on the top of page 1 of this form, che  | ck box 3, | , The commitment  |
|       |       |                | Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.   | nless otherwise ordered                            | by the court, on the top of page 1 of t | his form, | check box 4, The  |
| Part  | 4:    | Si             | gn Below   |  |   |           |                   |
|       | By s  | ignin          | g here, under penalty of perjury I declare that  | the information on this s                          | tatement and in any attachments is tr   | ue and co | orrect.           |
| X     | ED    | WIN            | VIN J RODRIGUEZ RIVERA  J RODRIGUEZ RIVERA   |  |   |           |                   |
|       | _     |                | e of Debtor 1<br>ne 26, 2023   |  |   |           |                   |
|       | 0     |                | 1/DD / YYYY  |  |   |           |                   |
|       | If yo | u che          | cked 17a, do NOT fill out or file Form 122C-2  |  |   |           |                   |
|       | If yo | u che          | cked 17b, fill out Form 122C-2 and file it with  | this form. On line 39 of t                         | hat form, copy your current monthly in  | ncome fro | om line 14 above. |

| <b>EDWIN</b> | J RODRIGUEZ RIVERA |
|--------------|--------------------|
|--------------|--------------------|

Debtor 1

Case number (if known)

| Fill in          | this information to i                     | dentify your case:                                  |   |  |                          |          |
|------------------|---|---|---|--|--------------------------|----------|
| Debtor           | 1 EDWIN J                                 | RODRIGUEZ RIVERA                                    | 1   |  |                          |          |
| Debtor<br>(Spous | e, if filing)                             |   |   |  |                          |          |
| United           | States Bankruptcy Co                      | ourt for the: District of F                         | Puerto Rico   |  |                          |          |
| Case r           | number<br>wn)                             |   |   | ☐ Chec   | k if this is an amended  | d filing |
|                  | Form 122C-2<br>pter 13 Calc               | culation of Yo                                      | ur Disposable I   | ncome  |                          | 04/22    |
|                  | out this form, you wi                     |   | copy of Chapter 13 Stateme  | ent of Your Current Monthly  | / Income and Calculation | on of    |
| space i          | s needed, attach a s                      |   | narried people are filing togo<br>orm, Include the line numbe<br>er (if known).   |  |                          |          |
| Part 1:          | Calculate Your                            | <b>Deductions from Your</b>                         | Income  |  |                          |          |
| the              | questions in lines 6-                     | ` '   | onal and Local Standards fo<br>dards, go online using the<br>uptcy clerk's office.  | •  |                          |          |
| expe             | enses if they are high                    | er than the standards. Do                           | regardless of your actual exponot include any operating ex<br>subtracted from your spouse'                                      | penses that you subtracted fr                                      | om income in lines 5 and |          |
| If yo            | ur expenses differ fro                    | m month to month, enter                             | the average expense.  |  |                          |          |
| Note             | e: Line numbers 1-4 a                     | re not used in this form.                           | These numbers apply to infor  | mation required by a similar fo                                    | orm used in chapter 7 ca | ses.     |
| 5.               | The number of peo                         | ple used in determining                             | your deductions from inco   | ome  |                          |          |
|                  |   | ny additional dependents                            | med as exemptions on your f<br>s whom you support. This nur   |  | 1                        |          |
| Nati             | ional Standards                           | You must use the IF                                 | RS National Standards to ans  | wer the questions in lines 6-7                                     |                          |          |
| 6.               |   | I other items: Using the dollar amount for food, cl | number of people you entered othing, and other items.   | d in line 5 and the IRS Nation                                     | al \$                    | 785.00   |
| 7.               | the dollar amount for people who are 65 o | out-of-pocket health car<br>r olderbecause older pe | g the number of people you e<br>e. The number of people is sp<br>eople have a higher IRS allow<br>the additional amount on line | olit into two categoriespeople<br>ance for health car costs. If ye | e who are under 65 and   |          |

| People who are under 65 years of age   |  |  |   |                |               |                  |          |
|--|--|--|---|----------------|---------------|------------------|----------|
| 7a. Out-of-pocket health care allowance per person   | \$   | 79   |   |                |               |                  |          |
| 7b. Number of people who are under 65  | X  | 1  |   |                |               |                  |          |
| 7c. <b>Subtotal.</b> Multiply line 7a by line 7b.  | \$   | 79.00  | Copy here=>                                       | \$             | 79.00         | <u>)</u>         |          |
| People who are 65 years of age or older  |  |  |   |                |               |                  |          |
| 7d. Out-of-pocket health care allowance per person   | \$   | 154  |   |                |               |                  |          |
| 7e. Number of people who are 65 or older   | х  | 0  |   |                |               |                  |          |
| 7f. Subtotal. Multiply line 7d by line 7e.   | \$   | 0.00   | Copy here=>                                       | \$             | 0.00          | <u>)</u>         |          |
| 7g. <b>Total.</b> Add line 7c and line 7f  |  | \$   | 79.00   | Co             | py total here | \$               | 79.00    |
| .ocal Standards You must use the IRS Local Standards   | to answer t  | he guestions in  | lines 8-15  |                |               |                  |          |
| Based on information from the IRS, the U.S. Trustee Propagator   |  | •  |   | for ho         | using for     |                  |          |
| ■ Housing and utilities - Insurance and operating expe   | enses  |  |   |                |               |                  |          |
| _  |  |  |   |                |               |                  |          |
| ■ Housing and utilities - Mortgage or rent expenses  o answer the questions in lines 8-9, use the U.S. Trust lengrate instructions for this form. This chart may also  |  |  |   |                | sing the lin  | k specifie       | d in the |
| o answer the questions in lines 8-9, use the U.S. Trust eparate instructions for this form. This chart may also  Housing and utilities - Insurance and operating exp in the dollar amount listed for your county for insurance   | <b>be availabl</b><br><b>penses:</b> Usi   | le at the bankruing the number of  | ptcy clerk's offic                                | ce.            | J             | k specifie       |          |
| To answer the questions in lines 8-9, use the U.S. Trust eparate instructions for this form. This chart may also Housing and utilities - Insurance and operating exp in the dollar amount listed for your county for insurance. Housing and utilities - Mortgage or rent expenses:   | be availabl<br>penses: Usi<br>e and operat   | le at the bankru<br>ing the number of<br>ting expenses.  | ptcy clerk's offic                                | ce.            | line 5, fill  | \$               |          |
| o answer the questions in lines 8-9, use the U.S. Trust eparate instructions for this form. This chart may also  Housing and utilities - Insurance and operating exp in the dollar amount listed for your county for insurance   | be available penses: Using and operate personal time.  | le at the bankru<br>ing the number of<br>ting expenses.  | ptcy clerk's offic                                | ce.            | J             | \$               |          |
| To answer the questions in lines 8-9, use the U.S. Trust eparate instructions for this form. This chart may also Housing and utilities - Insurance and operating exp in the dollar amount listed for your county for insurance. Housing and utilities - Mortgage or rent expenses:  9a. Using the number of people you entered in line 5.  | be availabl<br>penses: Usi<br>e and operat<br>, fill in the do<br>ses.   | le at the bankru ing the number of ting expenses.  bllar amount  | iptcy clerk's offi<br>of people you ent           | ce.<br>ered in | line 5, fill  | \$               |          |
| To answer the questions in lines 8-9, use the U.S. Trust separate instructions for this form. This chart may also B. Housing and utilities - Insurance and operating explicit in the dollar amount listed for your county for insurance Housing and utilities - Mortgage or rent expenses:  9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.   | be available penses: Using and operate of the design of th | le at the bankru ing the number of ting expenses.  bllar amount debts secured by unts that are   | iptcy clerk's offi<br>of people you ent           | ce.<br>ered in | line 5, fill  | \$               |          |
| To answer the questions in lines 8-9, use the U.S. Trust separate instructions for this form. This chart may also be. Housing and utilities - Insurance and operating explication in the dollar amount listed for your county for insurance. Housing and utilities - Mortgage or rent expenses:  9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the organization.  | be available penses: Using and operation of the description of the des | le at the bankru ing the number of ting expenses.  bllar amount debts secured by unts that are   | iptcy clerk's offi<br>of people you ent           | ce.<br>ered in | line 5, fill  | \$               |          |
| To answer the questions in lines 8-9, use the U.S. Trust reparate instructions for this form. This chart may also be Housing and utilities - Insurance and operating experient the dollar amount listed for your county for insurance.  Housing and utilities - Mortgage or rent expenses:  9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  | be available penses: Using and operation of the description of the des | le at the bankruing the number of ting expenses.  collar amount  debts secured by unts that are after you file                             | ptcy clerk's official people you ento             | ce.<br>ered in | line 5, fill  | \$               | 564.0    |
| co answer the questions in lines 8-9, use the U.S. Trust eparate instructions for this form. This chart may also . Housing and utilities - Insurance and operating exp in the dollar amount listed for your county for insurance . Housing and utilities - Mortgage or rent expenses:  9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor                                      | be available penses: Using and operation of the description of the des | le at the bankruing the number of ting expenses.  collar amount debts secured by unts that are after you file erage monthly rment          | ptcy clerk's official people you enter your home. | ce.<br>ered in | 715.00        | •                | 564.0    |
| eparate instructions for this form. This chart may also Housing and utilities - Insurance and operating eximin the dollar amount listed for your county for insurance. Housing and utilities - Mortgage or rent expenses:  9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgages To calculate the total average monthly payment, a contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor  EMI- EQUITY MORTGAGE, INC.  | be available penses: Using and operation of the description of the des | le at the bankruing the number of ting expenses.  collar amount  debts secured by unts that are after you file  erage monthly ment  685.00 | ptcy clerk's official people you enter your home. | s              | 715.00        | Penes            | 564.0    |
| Fo answer the questions in lines 8-9, use the U.S. Trust separate instructions for this form. This chart may also be Housing and utilities - Insurance and operating expendent in the dollar amount listed for your county for insurance.  Housing and utilities - Mortgage or rent expenses:  9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor  EMI- EQUITY MORTGAGE, INC. | be available penses: Using and operations, fill in the document of the ses.  and other document of the ses.  and other document of the ses.  Ave pay  and all amounts and the ses.  Ave pay  substituting the ses.   | le at the bankruing the number of ting expenses.  collar amount  debts secured by unts that are after you file  erage monthly ment  685.00 | ptcy clerk's official people you enter your home. | s              | 715.00        | Repea<br>on line | 564.0    |

Explain why:

| 11.  | Local transportation expenses: Check the number of venice   | cies for which you claim  | an ownership or operating | g expense.                                     |        |
|------|---|---------------------------|---------------------------|--|--------|
|      | □ 0. Go to line 14.   |                           |                           |  |        |
|      | ☐ 1. Go to line 12.   |                           |                           |  |        |
|      | ■ 2 or more. Go to line 12.   |                           |                           |  |        |
| 12.  | <b>Vehicle operation expense:</b> Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for   |                           |                           |  | 630.00 |
| 13.  | <b>Vehicle ownership or lease expense:</b> Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.  |                           |                           |  |        |
| Ve   | hicle 1 Describe Vehicle 1: 2022 PIAGGIO BEVERI   | LY 400 1,000 miles        |                           |  |        |
| 13a. | Ownership or leasing costs using IRS Local Standard   |                           | \$ 588.00                 |  |        |
| 13b. | Average monthly payment for all debts secured by Vehicle 1 Do not include costs for leased vehicles.  |                           |                           |  |        |
|      | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.   |                           | ıt                        |  |        |
|      | Name of each creditor for Vehicle 1   | Average monthly payment   |                           |  |        |
|      | FREEDOMROAD FINANCIAL   | \$ 141.52                 |                           |  |        |
|      | Total Average Monthly Payment   | \$141.52                  | Copy<br>here => -\$ 14    | Repeat this amount on line 33b.                |        |
| 13c. | Net Vehicle 1 ownership or lease expense<br>Subtract line 13b from line 13a. if this number is less than \$0  | , enter \$0               | . \$446.48                | Copy net Vehicle 1 expense here => \$          | 446.48 |
| Ve   | hicle 2 Describe Vehicle 2: 2018 TOYOTA HIGHLA  | NDER                      |                           |  |        |
| 13d. | Ownership or leasing costs using IRS Local Standard   |                           | \$ 588.00                 |  |        |
| 13e. | Average monthly payment for all debts secured by Vehicle 2 leased vehicles.   | . Do not include costs fo | r                         |  |        |
|      | Name of each creditor for Vehicle 2   | Average monthly payment   |                           |  |        |
|      | -NONE-  | \$                        |                           |  |        |
|      | Total average monthly payment   | \$0.00                    | Copy<br>here<br>=> -\$0.0 | Repeat this amount on line 33c.                |        |
| 13f. | Net Vehicle 2 ownership or lease expense<br>Subtract line 13e from line 13d. if this number is less than \$0  | , enter \$0               | \$ 588.00                 | Copy net<br>Vehicle 2<br>expense here<br>=> \$ | 588.00 |
| 14.  | Public transportation expense: If you claimed 0 vehicles<br>Public Transportation expense allowance regardless of   |                           |                           | in the \$                                      | 0.00   |
| 15.  | <b>Additional public transportation expense:</b> If you claimed also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i> | hat you believe is the ap |                           |  | 0.00   |

|                |  | In addition to the expense of the following IRS categories  |   | listed above  | , you are allowed your monthly expenses  | for |          |
|----------------|--|---|---|---|--|-----|----------|
| 16.            | self-employment taxes, soci  | al security taxes, and Medic<br>owever, if you expect to rece<br>om the total monthly amount  | are taxes<br>ive a tax r  | You may inc<br>efund, you m   | d local taxes, such as income taxes, clude the monthly amount withheld from the divide the expected refund by 12 for taxes.  | \$  | 737.93   |
| 17.            | <b>Involuntary deductions:</b> T contributions, union dues, a  |   | uctions tha   | at your job re  | quires, such as retirement   |     |          |
|                | Do not include amounts that  | t are not required by your jol  | o, such as  | voluntary 40  | 1(k) contributions or payroll savings.   | \$  | 40.13    |
| 18.            | filing together, include paym  | nents that you make for your<br>r life insurance on your depe   | spouse's  | term life insu  | e insurance. If two married people are arance. I spouse's life insurance, or for any form  | \$  | 0.00     |
| 19.            | Court-ordered payments: administrative agency, such Do not include payments or   | as spousal or child support   | payments  | s   | by the order of a court or  You will list these obligations in line 35.  | \$  | 400.00   |
| 20.            | Education: The total month   | ly amount that you pay for e  | ducation  | that is either i  | required:  |     |          |
|                | as a condition for your jo   | b, or   |   |   |  |     |          |
|                | for your physically or me  | ntally challenged dependent   | child if no   | public educ   | ation is available for similar services.   | \$  | 0.00     |
| 21.            | Childcare: The total month   |   |   |   | sitting, daycare, nursery, and preschool.  | \$  | 0.00     |
| 22.            | that is required for the healt<br>by a health savings account  | h and welfare of you or your<br>Include only the amount th  | depender<br>at is more  | nts and that is<br>than the tota  |  |     | 0.00     |
|                | Payments for health insurar  | _   |   |   |  | \$  | 0.00     |
| 23.            | for you and your dependent<br>phone service, to the extent<br>income, if it is not reimburse   | s, such as pagers, call waitin<br>necessary for your health a<br>ed by your employer.<br>r basic home telephone, inte   | ng, caller ind welfare  | dentification, e or that of you   | you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment   | • • | 0.00     |
|                |  |   |   | · i, or any am  | ount you previously deducted.  | +\$ | 0.00     |
| 24.            | Add all of the expenses al Add lines 6 through 23.   | lowed under the IRS expe  |   |   | ount you previously deducted.  | \$  | 4,300.54 |
|                | Add all of the expenses al<br>Add lines 6 through 23.<br>litional Expense Deduction  | ·   | nse allow   | ances.  | ne Means Test.   |     |          |
| Add            | Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability  | s These are additional d Note: Do not include a   | nse allow<br>eductions<br>ny expens   | allowed by the allowances   | ne Means Test.   | \$  |          |
| Add            | Add lines 6 through 23.  litional Expense Deduction  Health insurance, disabilitinsurance, disabilitinsurance, disability insurance  | s These are additional d Note: Do not include a   | nse allow<br>eductions<br>ny expens   | allowed by the allowances   | ne Means Test. s listed in lines 6-24. sees. The monthly expenses for health   | \$  |          |
| Add            | Add lines 6 through 23. litional Expense Deduction  Health insurance, disabilit insurance, disability insurance, your dependents.  | s These are additional d Note: Do not include a   | nse allow<br>eductions<br>ny expens<br>avings ac<br>unts that   | allowed by the allowances count expensare reasonab  | ne Means Test. s listed in lines 6-24. sees. The monthly expenses for health   | \$  |          |
| Add            | Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance, your dependents.  Health insurance  | s These are additional d<br>Note: Do not include a<br>sy insurance, and health sa<br>ce, and health savings acco  | eductions ny expens   | allowed by the allowances count expenser reasonab   | ne Means Test. s listed in lines 6-24. sees. The monthly expenses for health   | \$  |          |
| Add            | Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance   | s These are additional d<br>Note: Do not include a<br>sy insurance, and health sa<br>ce, and health savings acco  | eductions ny expens avings ac unts that   | allowed by the allowances count expensare reasonab  0.00  0.00  | ne Means Test. s listed in lines 6-24. sees. The monthly expenses for health   | \$  |          |
| Add            | Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurancy your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to   | These are additional d<br>Note: Do not include a<br>sy insurance, and health sa<br>ce, and health savings acco  | eductions my expense avings acunts that a   | allowed by the allowances count expensare reasonab  0.00  0.00  0.00  | ne Means Test.<br>Is listed in lines 6-24.<br>Ises. The monthly expenses for health<br>Ily necessary for yourself, your spouse, o  | \$r | 4,300.54 |
| Add            | Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurancy your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to   | These are additional d<br>Note: Do not include a<br>sy insurance, and health sa<br>ce, and health savings acco  | eductions my expense avings acunts that a   | allowed by the allowances count expensare reasonab  0.00  0.00  0.00  | ne Means Test.<br>Is listed in lines 6-24.<br>Ises. The monthly expenses for health<br>Ily necessary for yourself, your spouse, o  | \$r | 4,300.54 |
| <b>Add</b> 25. | Add lines 6 through 23.  Ilitional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to you yes  Continuing contributions continue to pay for the reason   | These are additional d Note: Do not include a sy insurance, and health sace, and health sace, and health savings accordant amount?  Total amount?  Total amount?  Total amount?  Total amount on actually spend?  | eductions ny expens avings ac unts that   | ances. allowed by the see allowances count expensare reasonabe 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.  | ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o  Copy total here=>  The actual monthly expenses that you will rely, chronically ill, or disabled member of such expenses. These expenses may | \$r | 4,300.54 |
| 25.            | Add lines 6 through 23.  Ilitional Expense Deduction  Health insurance, disability insurance, disability insurancy your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to the savings account yes  Continuing contributions continue to pay for the reasy your household or member include contributions to an approtection against family | These are additional d Note: Do not include a sy insurance, and health sace, and health sace, and health savings accordant amount?  To the care of household conable and necessary care a of your immediate family whicecount of a qualified ABLE piolence. The reasonably not include the care and the care of your immediate family whicecount of a qualified ABLE piolence. The reasonably not include the care and the care of your immediate family whicecount of a qualified ABLE piolence. | eductions ny expens avings ac unts that:  \$  \$  framily r and suppo o is unable brogram. 2 ecessary r | ances.  allowed by the end of | ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o  Copy total here=>  The actual monthly expenses that you will rely, chronically ill, or disabled member of such expenses. These expenses may | \$r | 0.00     |

|              | <b>EDWIN J RODRIGUEZ RIVERA</b>  | Case number (if known)  |                 |                          |                  |
|--------------|--|---|-----------------|--------------------------|------------------|
|              | Additional home energy costs. Your hom line 8.   | ne energy costs are included in your insurance and operating expens   | ses on          |                          |                  |
|              | If you believe that you have home energy of 8, then fill in the excess amount of home en                     | costs that are more than the home energy costs included in expenses nergy costs   | s on line       | 9                        |                  |
|              | You must give your case trustee document amount claimed is reasonable and necessary                          | ation of your actual expenses, and you must show that the additiona   | ıl              | \$                       | 0.00             |
|              |  | dren who are younger than 18. The monthly expenses (not more the spendent children who are younger than 18 years old to attend a private that the second sec |                 |                          |                  |
|              | You must give your case trustee document claimed is reasonable and necessary and r                           | ation of your actual expenses, and you must explain why the amoun not already accounted for in lines 6-23.  | t               |                          |                  |
|              | * Subject to adjustment on 4/01/25, and evo  | ery 3 years after that for cases begun on or after the date of adjustm  | ent.            | \$                       | 0.00             |
|              |  | he monthly amount by which your actual food and clothing expenses allowances in the IRS National Standards. That amount cannot be s in the IRS National Standards.  |                 |                          |                  |
|              |  | ional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.   |                 |                          |                  |
|              | You must show that the additional amount   | claimed is reasonable and necessary.  |                 | \$                       | 0.00             |
|              | <b>Continuing charitable contributions.</b> The instruments to a religious or charitable organization        | e amount that you will continue to contribute in the form of cash or fin<br>anization. 11 U.S.C. § 548(d)(3) and (4).   | ancial          |                          |                  |
|              | Do not include any amount more than 15%  | of your gross monthly income.   |                 | \$                       | 0.00             |
|              | Add all of the additional expense deducted Add lines 25 through 31.  | tions.  |                 | \$                       | 0.00             |
| Ded          | uctions for Debt Payment   |   |                 |                          |                  |
|              | For debts that are secured by an interest oans, and other secured debt, fill in lines                        | in property that you own, including home mortgages, vehicle 33a through 33e.  |                 |                          |                  |
|              | To calculate the total average monthly paym creditor in the 60 months after you file for ba                  | ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.  |                 |                          |                  |
|              | Mortgages on your home   |   |                 | Ave                      | erage monthly    |
| 33a.         | Copy line 9b here  |   |                 | nav                      |                  |
|              |  |   | =>              | pay<br>\$                |                  |
|              | Loans on your first two vehicles   |   | =>              | \$                       | 685.00           |
| 33b.         | Loans on your first two vehicles  Copy line 13b here   |   | =>              | \$                       | 685.00           |
|              | Copy line 13b here   |   | =>              | \$                       | 685.00<br>141.52 |
| 33c.         | Copy line 13b here Copy line 13e here  |   | =>              | \$\$\$                   | 685.00           |
| 33c.<br>33d. | Copy line 13b here   |   | => ment         | \$_<br>\$_<br>\$_        | 685.00<br>141.52 |
| 33c.<br>33d. | Copy line 13b here Copy line 13e here List other secured debts:  | Identify property that secures the debt  Does payr include tax  | => ment         | \$_<br>\$_<br>\$_        | 685.00<br>141.52 |
| 33c.<br>33d. | Copy line 13b here Copy line 13e here List other secured debts:  | Identify property that secures the debt  Does payr include tax or insurance.  | => ment         | \$_<br>\$_<br>\$_        | 685.00<br>141.52 |
| 33c.<br>33d. | Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt | Identify property that secures the debt  Does payr include tax or insuran.  No Yes  | => ment         | \$ _ \$ _ \$             | 685.00<br>141.52 |
| 33c.<br>33d. | Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt | Identify property that secures the debt  Does payr include tax or insurant  No  Yes   | => ment         | \$_<br>\$_<br>\$_        | 685.00<br>141.52 |
| 33c.<br>33d. | Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt | Identify property that secures the debt  Does payr include tax or insuran.  No Yes  | => ment         | \$_<br>\$_<br>\$_        | 685.00<br>141.52 |
| 33c.<br>33d. | Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt | Identify property that secures the debt  Does payr include tax or insurant  No  Yes   | => ment         | \$_<br>\$_<br>\$_        | 685.00<br>141.52 |
| 33c.<br>33d. | Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt | Identify property that secures the debt  Does payr include tay or insurant  No  Yes  No  Yes  | => ment         | \$_<br>\$_<br>\$_        | 685.00<br>141.52 |
| 33c.<br>33d. | Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt | Identify property that secures the debt  Does payr include tay or insurant  No Yes  No Yes  No No   | => ment kes ce? | \$_<br>\$_<br>\$_<br>\$_ | 685.00<br>141.52 |

|                                      | debts that you listed in line property necessary for you  |   |                               |                                | le,    |                   |                   |         |          |
|--------------------------------------|---|---|-------------------------------|--------------------------------|--------|-------------------|-------------------|---------|----------|
| ■ No.                                | Go to line 35.  |   |                               |                                |        |                   |                   |         |          |
| ☐ Yes.                               | State any amount that you listed in line 33, to keep po Next, divide by 60 and fill ir  | ssession of your property (ca   |                               |                                |        |                   |                   |         |          |
| Name of the                          | creditor  | Identify property that secur  | es the d                      | lebt                           | To     | otal cure amount  |                   | Monthly |          |
| -NONE-                               |   |   |                               | 9                              | 8      | _                 | ÷ 60 = 3          | amount  | İ        |
| HOILE                                |   |   |                               |                                | _<br>_ |                   |                   | · ——    |          |
|                                      |   |   |                               | Total                          | \$     | 0.00              | total<br>here     | •       | 0.00     |
|                                      | owe any priority claims - su<br>due as of the filing date of  |   |                               |                                | hat    |                   |                   |         |          |
| ■ No.                                | Go to line 36.  |   |                               |                                |        |                   |                   |         |          |
| ☐ Yes.                               | Fill in the total amount of al ongoing priority claims, suc   | I of these priority claims. Do th as those you listed in line   |                               | lude current or                |        |                   |                   |         |          |
|                                      | Total amount of all past-d  | ue priority claims  |                               |                                | \$     | 0.00              | ÷ 6               | 0 \$_   | 0.00     |
| 36. Projecte                         | d monthly Chapter 13 plan   | payment   |                               |                                | \$     | 350.00            |                   |         |          |
| Office of<br>the Exec<br>To find a I | nultiplier for your district as s<br>the United States Courts (for<br>utive Office for United States<br>ist of district multipliers that inclu<br>instructions for this form. This list | r districts in Alabama and No<br>Trustees (for all other distri<br>des your district, go online using | orth Car<br>cts).<br>the link | rolina) or by specified in the | X      | 10.00             |                   |         |          |
| Average                              | monthly administrative expe   | nse   |                               |                                |        | \$35.00           | Copy to<br>here=> |         | 35.00    |
| 37. Add all                          | of the deductions for debt  | payment. Add lines 33e thi  | rough 30                      | 6.                             |        |                   |                   | \$      | 861.52   |
| Total Deduc                          | tions from Income   |   |                               |                                |        |                   |                   |         |          |
| 38. <b>Add all d</b>                 | of the allowed deductions.  |   |                               |                                |        |                   |                   |         |          |
|                                      | ne 24, All of the expenses all<br>e allowances  | owed under IRS  | \$                            | 4,300.5                        | 4      |                   |                   |         |          |
| Copy lir                             | ne 32, All of the additional ex   | pense deductions  | \$                            | 0.0                            | 0      |                   |                   |         |          |
| Copy lir                             | ne 37, All of the deductions fo   | or debt payment   | +\$                           | 861.5                          | 2      |                   |                   |         |          |
| Total de                             | eductions   |   | \$                            | 5,162.0                        | 6      | Copy total here=> |                   | \$      | 5,162.06 |

☐ Increase

☐ Decrease

☐ Increase

☐ Decrease

☐ Increase

☐ Decrease

| Part 2:                               | Determine You  | r Disposable Income Under 11 U.S.C. § 13   | 25(b)                         | (2)  |                             |                                     |                 |           |
|---------------------------------------|--|--|-------------------------------|--|-----------------------------|-------------------------------------|-----------------|-----------|
|                                       |  | rent monthly income from line 14 of Form current Monthly Income and Calculation of   |                               |  | d.                          |                                     | \$              | 4,155.59  |
| <b>childre</b><br>disabili<br>receive | en. The monthlity payments for ed in accordance        | ly necessary income you receive for supporty average of any child support payments, fostor a dependent child, reported in Part I of Forrice with applicable nonbankruptcy law to the ended for such child.                                       | ter ca<br>n 122               | are payments, or<br>C-1, that you                      |                             | \$                                  | 0.00            |           |
| employ<br>in 11 U                     | yer withheld fro                                       | etirement deductions. The monthly total of a m wages as contributions for qualified retirem (7) plus all required repayments of loans from § 362(b)(19).   | nent p                        | olans, as specifie                                     |                             | \$                                  | 0.00            |           |
| 42. Total o                           | of all deductio  | ns allowed under 11 U.S.C. § 707(b)(2)(A).   | Сору                          | line 38 here   | =>                          | \$5,16                              | <b>52.06</b>    |           |
| expens<br>their ex                    | ses and you ha<br>xpenses. You r                       | al circumstances. If special circumstances judge no reasonable alternative, describe the spenust give your case trustee a detailed explanation cumentation for the expenses.   | eciál                         | circumstances a  | ınd                         |                                     |                 |           |
| Describe t                            | the special cir  | cumstances   |                               | Amount of exp  | oens                        | е                                   |                 |           |
|                                       |  |  | ,                             | 5  |                             |                                     |                 |           |
|                                       |  |  |                               |  |                             | _                                   |                 |           |
|                                       |  |  |                               | <u> </u>   |                             | _                                   |                 |           |
|                                       |  |  | `                             |  | $\neg$                      | _                                   |                 |           |
|                                       |  | Total  | \$_                           | 0.00   |                             | opy<br>ere=> \$                     | 0.00            |           |
| 44. Total a                           | adjustments. <i>I</i>                                  | Add lines 40 through 43.   |                               | =>   | \$_                         | 5,162.06                            | Copy here=> -\$ | 5,162.06  |
| 45. <b>Calcul</b>                     | late your mon  | thly disposable income under § 1325(b)(2).   | . Sub                         | tract line 44 from                                     | line                        | 39.                                 | \$              | -1,006.47 |
| Part 3:                               | Change in Inco   | ome or Expenses  |                               |  |                             |                                     |                 |           |
| have c<br>time yo<br>you file         | changed or are<br>our case will be<br>ed your petition | or expenses. If the income in Form 122C-1 or virtually certain to change after the date you to open, fill in the information below. For example, check 122C-1 in the first column, enter line time when the increase occurred, and fill in the a | filed y<br>ple, if<br>2 in tl | our bankruptcy p<br>the wages repor<br>ne second colum | cetitic<br>ted in<br>in, ex | on and during the<br>acreased after | е               |           |
| Form                                  | Line   | Reason for change  |                               | Date of chang  | je                          | Increase or decrease?               | Amount of c     | hange     |
| ☐ 122C-1<br>☐ 122C-2                  |  |  |                               |  |                             | ☐ Increase ☐ Decrease               | \$              |           |

☐ 122C-1

☐ 122C-2

☐ 122C-1

☐ 122C-2

□ 122C-1

☐ 122C-2

| Part 4: | Sign Below   |
|---------|--|
| ı       | By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct. |
| x       | /s/ EDWIN J RODRIGUEZ RIVERA EDWIN J RODRIGUEZ RIVERA Signature of Debtor 1  |
| Date    | June 26, 2023 MM / DD / YYYY   |

Case number (if known)

Debtor 1 EDWIN J RODRIGUEZ RIVERA

## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 12/01/2022 to 05/31/2023.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: LUMA ENERGY, LLC

Constant income of \$4,155.59 per month.\*

### \*Paycheck Details:

### LUMA ENERGY, LLC

| Date Salary X6 | Earnings <b>4,155.59</b> | Overtime <b>0.00</b> | Taxes <b>737.93</b> | Other <b>40.13</b> | Net Check <b>3,377.53</b> |
|----------------|--------------------------|----------------------|---------------------|--------------------|---------------------------|
| Totals:        | 4,155.59                 | 0.00                 | 737.93              | 40.13              | 3,377.53                  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$78       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$338      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## United States Bankruptcy Court District of Puerto Rico

|              | EDWIN J RODRIGUEZ RIVERA   |  | Case No.   |                                    |
|--------------|--|--|--|------------------------------------|
|              |  | Debtor(s)  | Chapter  | 13                                 |
|              | DISCLOSURE OF COMPEN   | NSATION OF ATTO  | RNEY FOR DI  | EBTOR(S)                           |
| co           | arsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankruptc   | y, or agreed to be paid  | to me, for services rendered or to |
|              | For legal services, I have agreed to accept  |  | \$   | 4,000.00                           |
|              | Prior to the filing of this statement I have received  |  |  | 400.00                             |
|              | Balance Due  |  |  | 3,600.00                           |
| 2. T         | ne source of the compensation paid to me was:  |  |  |                                    |
|              | ■ Debtor □ Other (specify):  |  |  |                                    |
| 3. T         | ne source of compensation to be paid to me is:   |  |  |                                    |
|              | ■ Debtor □ Other (specify):  |  |  |                                    |
| <b>4</b> .   | I have not agreed to share the above-disclosed compe   | ensation with any other perso  | n unless they are mem  | bers and associates of my law firm |
|              | I have agreed to share the above-disclosed compensa<br>copy of the agreement, together with a list of the nan  |  |  |                                    |
| 5. Iı        | return for the above-disclosed fee, I have agreed to re-   | nder legal service for all aspe  | cts of the bankruptcy  | ease, including:                   |
| b.<br>c.     | Analysis of the debtor's financial situation, and rende<br>Preparation and filing of any petition, schedules, state<br>Representation of the debtor at the meeting of credito<br>[Other provisions as needed]  Negotiations with secured creditors to re<br>reaffirmation agreements and application<br>522(f)(2)(A) for avoidance of liens on hou | ement of affairs and plan which<br>ors and confirmation hearing,<br>educe to market value; eans as needed; preparation   | ch may be required;<br>and any adjourned hea<br>xemption planning  | rings thereof;                     |
|              |  | accitota godaci.   |  |                                    |
| 6. B         | y agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any dis<br>any other adversary proceeding.   | e does not include the following   |  | es, relief from stay actions or    |
| 6. B         | Representation of the debtors in any dis   | e does not include the following   |  | es, relief from stay actions or    |
| I            | Representation of the debtors in any dis   | e does not include the following chargeability actions, jude CERTIFICATION   | dicial lien avoidanc   |                                    |
| I o          | Representation of the debtors in any disany other adversary proceeding.  certify that the foregoing is a complete statement of any nkruptcy proceeding.  | e does not include the following chargeability actions, jude CERTIFICATION  y agreement or arrangement for   | dicial lien avoidanc   | epresentation of the debtor(s) in  |
| I o          | Representation of the debtors in any dis any other adversary proceeding.  Pertify that the foregoing is a complete statement of any analyze proceeding.  The 26, 2023  | c does not include the following chargeability actions, jude CERTIFICATION  y agreement or arrangement for a long control of the control of t | or payment to me for r  MAYORAL GARCI AYORAL GARCIA  | epresentation of the debtor(s) in  |
| I on this ba | Representation of the debtors in any dis any other adversary proceeding.  Pertify that the foregoing is a complete statement of any analyze proceeding.  The 26, 2023  | c does not include the following chargeability actions, judge CERTIFICATION  y agreement or arrangement for a large ment of a  | or payment to me for r  MAYORAL GARCIA AYORAL GARCIA   | epresentation of the debtor(s) in  |
| I on this ba | Representation of the debtors in any dis any other adversary proceeding.  Pertify that the foregoing is a complete statement of any analyze proceeding.  The 26, 2023  | c does not include the following chargeability actions, judge CERTIFICATION  y agreement or arrangement for a large ment of a  | or payment to me for r  MAYORAL GARCI AYORAL GARCIA  | epresentation of the debtor(s) in  |
| I on this ba | Representation of the debtors in any dis any other adversary proceeding.  Pertify that the foregoing is a complete statement of any analyze proceeding.  The 26, 2023  | c does not include the following chargeability actions, judge CERTIFICATION  y agreement or arrangement for a comparison of the comparison | or payment to me for r  MAYORAL GARCI AYORAL GARCIA  ney ANGUAL, P.S.C.  | epresentation of the debtor(s) in  |
| I on this ba | Representation of the debtors in any dis any other adversary proceeding.  Pertify that the foregoing is a complete statement of any analyze proceeding.  The 26, 2023  | c does not include the following chargeability actions, judge chargeability actions, judge chargeability actions, judge chargeability actions, judge charge  | or payment to me for r  MAYORAL GARCI AYORAL GARCIA  ney ANGUAL, P.S.C.  | epresentation of the debtor(s) in  |
| I on this ba | Representation of the debtors in any dis any other adversary proceeding.  Pertify that the foregoing is a complete statement of any analyze proceeding.  The 26, 2023  | c does not include the following chargeability actions, judge chargeability actions, judge chargeability actions, judge chargeability actions, judge charge  | or payment to me for r  MAYORAL GARCI AYORAL GARCIA  MEYORAL GARCIA  MEYORAL GARCIA  MEYORAL GARCIA  MEYORAL GARCIA  MEYORAL P.S.C.  MO919-4000  Fax: 787-296-9892 | epresentation of the debtor(s) in  |

## United States Bankruptcy Court District of Puerto Rico

| In re  | <b>EDWIN J RODRIGUEZ RIVERA</b>           |   | Case No.            |                       |
|--------|---|---|---------------------|-----------------------|
|        |   | Debtor(s)                                   | Chapter             | 13                    |
|        | VERIFIC                                   | CATION OF CREDITOR                          | MATRIX              |                       |
| The ab | ove-named Debtor hereby verifies that the | he attached list of creditors is true and o | correct to the best | of his/her knowledge. |
| Date:  | June 26, 2023                             | /s/ EDWIN J RODRIGUEZ RIV                   |                     |                       |

Signature of Debtor

EDWIN J RODRIGUEZ RIVERA URB. VENUS GARDENS AC-19 CALLE TAMAULIPA SAN JUAN, PR 00926 FREEDOMROAD FINANCIAL 1515 W 22ND ST SUITE 100W OAK BROOK, IL 60523

EDUARDO J. MAYORAL GARCIA MAYORAL & MANGUAL, P.S.C. PMB 157 PO BOX 194000 SAN JUAN, PR 00919-4000 MARCUS BY GOLMAN SACHS PO BOX 1978 CRANBERRY TWP, PA 16066

AMEX/CITIBANK 9111 DUKE BLVD MASON, OH 45040 SYNCB/ROOMS TO GO PO BOX 965036 ORLANDO, FL 32896

BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708 THE HOME DEPOT/CBNA PO BOX 6497 SIOUX FALLS, SD 57117-6497

BEST BUY/CBNA PO BOX 6497 SIOUX FALLS, SD 57117

CARIBE FEDERAL CREDIT UNION 195 CALLE ONEILL SAN JUAN, PR 00918-2404

CITICARDS CBNA PO BOX 6241 SIOUX FALLS, SD 57117

EMI - EQUITY MORTGAGE, INC. 1651 AVE PONCE DE LEON SUITE 102 SAN JUAN, PR 00909

EMI- EQUITY MORTGAGE, INC. 413 BOLIVAR ST SAN JUAN, PR 00912